





THOUGHTS

PHYSIOLOGICAL, PATHOLOGICAL,

AND PRACTICAL;

WITH SOME

CASES,

AND

ANATOMICO-PRACTICAL

OBSERVATIONS.

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Y O R K:

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P R E F A C E.

A VERY tedious chronical *Arthrodynia* having confined me many months, and thereby given me an opportunity of looking over my Notes and Observations, made in the course of many years practice, and of reperusing the works of various *Authors*, has given occasion to the following *Thoughts*, which I entitle *Physiological, Pathological, and Practical*, in the order that the consideration of *diseases* presented them to my Mind. For as *Physiology* is the basis upon which sound *Pathology* must be erected, (it being impossible to form a right notion of the nature of *diseases*, without a previous intimate *Anatomical* knowledge of the *situation, structure, uses, connections, and relations* of the several Organs of the Body in their sound state) I have introduced so much of it only, as might serve the purpose of *Pathology*, derived from that copious source, the lectures and writings of the illustrious *De Haller* of revered memory, all except that Thought

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which relates to the functions of the *nerves*, which, with much diffidence, I offer only as a *Physiological* conjecture, that seems to me not inconsistent with some *Phænomena*, and which, with respect to Pathology, is of no great consequence. Thus by knowing what are the requisites to produce *health*, we may be enabled to form probable conjectures and notions of that state, in which some of those *requisites* are wanting, *disease*.

Further, to assist us in our Pathological inquiries, we must join the attentive study of *practical* Authors, such especially as have left us faithful and accurate histories of diseases, with all their symptoms and appearances, and to these add *Practical Anatomy*, which will be found to be of the greatest use and assistance in enabling us to form right notions of the *nature* and *seat* of diseases, and of the most rational method of treating them. But as, in private practice, opportunities of exercising *Practical Anatomy* are very rare, and go but a little way, I would recommend a diligent perusal of the works of such *Authors* as have with laudable zeal and patient labour, collected and made public cases and observations of *Practical Anatomy*; *Bonetus*, *Manger-tus*, and several others, but especially the most
excellent

excellent *Morgagni*, whose *inestimable* work, “*De Causis et Sedibus Morborum per Anatomen indagatis*,” I would advise the young Practitioner, “*Nocturna versare manu, versare diurna*.” This noble work, the *indefatigable* Author, after a great many years labour, finished in his *eightieth* year.

Without some practice in such inquiries, even a very intelligent Physician may not always be secure from mistaking appearances, as *morbid* where there had been *no* disease, and the contrary. And what is of yet greater importance, he will certainly be the better enabled to form right notions of the nature and seat of diseases, so as not to confound one with another, since there are few that have such *Pathognomonic* marks as may *infallibly* denote them. Were it necessary to do more in favour of *Practical Anatomy*, I should recommend to the reader *Morgagni's* prefatory Epistles to the several books of his work.

Another help to the acquiring of skill, in this important part of medical practice, *Pathology*, is that which was done by the learned *Monf. de Sauvages*, and a few more, but much improved and rendered more useful by the late very celebrated *Dr. Cullen*, *Nosologia Methodica*, in which

the learned Professor has arranged diseases in *orders, classes, and species*, with their *characters*, in such manner as greatly to facilitate their investigation and discrimination.

The reader will find that I have frequently availed myself of this useful work. I should have thought it unnecessary further to insist on the advantages that may be derived from diligent reading of the works of practical Writers, antient and modern, if it were not for this, that the *Antients* are by some moderns considered as not having contributed much to real medical knowledge. By which it seems they would be understood, that the Theory of the *Antients* for want of more *Anatomical* and *Physiological* knowledge, and a more rational *Philosophy*, was founded in *imaginary* principles and *Hypotheses*; and not qualified to produce right notions of the *nature, causes, and seat* of diseases. But whatever truth there may be in this, the deficiency was compensated by their diligent attention to the symptoms and appearances that attended the disease throughout. They have therefore not been treated with that respect that is due to them, and that they received from antiquity.

Hippocrates,

* *Hippocrates*, according to *Galen*, was distinguished as the first *Philosopher* of his time, whose sentiments *Plato* adopted. *Aristotle* was considered only as the Interpreter of *Hippocrates* and *Plato*; and his writings merely commentaries on *Plato's* Philosophy, from whence were drawn his doctrines of the four first qualities. And, moreover, if *Hippocrates* were not the inventor, he was, after *Esculapius* and his Sons, deemed the Restorer of the art of healing; and according to † *Pliny*, the first who clearly taught it. But, what is more certain and of more importance, *Hippocrates* appears, in almost all his works, to acknowledge one general principle, which he calls *Nature*, as superior to all others; to which he attributes powers or faculties for the administration of the animal oeconomy and the cure of diseases on which last account he uses this expression “*Naturæ Morborum Medicatrices.*”

After *Hippocrates*; *Aretæus*, *Alexander Trallianus*, and other *Greeks*, have left us such histories of diseases and their *Therapia*, as amply display, not only their accuracy in the *diagnostic* and *discrimination* of them, but also their skill in the

Therapeutic

* V. Le Clerc Histoire de la Médecine, L. iii. c. i. 2.—† Primus *Hippocrates* Medendi præcepta clarissime condidit. Plin. L. xxiii. c. 2.

Therapeutic part, in which *Alexander* was eminently distinguished. To those may be added the elegant *Celsus*, and the semi-barbarous, but on some accounts useful, *Cælius Aurelianus*, and a few *Arabians*.

However defective the Theory of *Hippocrates* may be thought, it was founded not on *imaginary Hypotheses*, but on *Philosophical* and *Anatomical principles*, and especially on *Clinical* observation. And well had it been if *Galen* and his followers had, by practical observations and anatomical researches, endeavoured to find out the *Physico-Mechanical laws* and *powers* of the animal oeconomy, instead of pursuing *vain speculations* and the imaginary principles of *Aristotle* and *Des Cartes*; and the fanciful and unsubstantial *Hypotheses* of *Chymists* and *Metaphysicians*, expressed in terms not more intelligible, such as *Archeus*, *Dumviratus*, *Occultum Vitæ regimen*, &c. &c. of *Hellmont*, and others, and various other *Hypotheses*, for which *vid. cel. Hoffmann.* *

Of modern *Theories*, one of the latest is that which was adopted by the ingenious and justly celebrated

* Prefationem, T. 1, *Medicinæ rationalis Systematicæ et Prolegomena de vera Therapiæ natura*, &c. Cap. xi.

celebrated *Stahl*, and some other eminent Germans; the *principle* of which is supposed to be *Natura sive Anima, rationis, consilii, intentionis et scientiæ interioris particeps; medicinæ et omnium motuum qui vitam tuentur et morbos curant, Principium; vel Anima medica.*

An *Hypothesis* that has some resemblance to that universal *principle* which *Hippocrates* calls *Natura*. But *Stahl* and his followers seem to have attributed greater powers to their *Anima medica*, than *Hippocrates* did to his *Natura medica*. For though in his *Epidemics*, he seems, after ordering a proper diet, to have attended only to the *phænomena*, and left the rest to *Nature*; yet in inflammatory and other diseases, he was an active “*Naturæ Minister*,” and in *chirurgical* cases bold and enterprising. Whereas the *Stahlians* seem to have had so much dependance on the *Autocratia Naturæ*, as to have been sometimes inactive spectators of the *mistakes* and *errors* which they allow this *wonderful principle* to be liable to; and on this account to require the *corrections* of the skilful Physician.*

Among

* Vide Clariss. et experientiss. Werlhof Cautiones Medicæ 1734. et Observationes de Febris, Ed. ii. 1745, Hanoveræ.

Among the modern practical writers of distinguished name, are *Ballonius, Hollerius, Duretus, Lommius, Sennertus, Riverius, Piso, Sydenham, Willis, Boerhaave, Hoffmann, Stahl, Lancisi, Baglivi, Ramazzini, Torti, Werlhof, Mead, Huxham, Pringle, Fothergill, Clegborn*, and many more whom I forbear to name, least I should be thought ostentatious, when I only mean to acknowledge my obligations, and to prevent or save the trouble of frequent references.

If the following Thoughts should prove of use to *young practitioners*, for whose service they are intended, the Author will hope his labour has not been in vain.

THOUGHTS

T H O U G H T S
PHYSIOLOGICAL, PATHOLOGICAL,
and PRACTICAL, &c.

B O O K I.

SECTION I.

The HEAD, BRAIN, and NERVES.

AS I do not mean to give an anatomical description of the brain, I shall only observe that it is composed of two substances, different in some respects from each other. The first which is in general external and is immediately covered by the *pia mater*, is of a brownish colour, and is thence called the cortical or cineritious substance. It is about two or three lines in depth or thickness, and covers the other,

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which is white with a faint red tint, called the medullary substance, *which* constitutes the greatest part of the brain.

The cortical substance seems to be formed of the ramifications of the blood vessels. The medullary part appears to be fibrous or vascular, being probably made up of a finer order of vessels, containing a very subtle fluid. The nerves being evidently productions of the medullary substance, if this be vascular, they may with reason be supposed to be so likewise. What seems to justify this supposition, is the great quantity of blood that is sent to the brain, much more than can be sufficient for its nourishment only; and there being no reservoir there to contain the secreted fluid, allow me to suppose that a considerable quantity of a very fine fluid secreted from the blood by the medullary vessels, is constantly passing along the nerves, which are productions of the *medulla*, to their extremities in the various organs, the muscles, and the skin, from
whence

whence and from the several cavities it exhales, and is again, probably, in part re-absorbed.

Whether it be to this fluid or to the different modification of the fibres or vessels of the *medulla*, or to both, that the nerves owe their wonderful influence, I shall not take upon me to determine. Thus much however appears to be certain, that as they are productions of the *medulla*, the impressions made by objects, on the senses, are by the nerves conveyed to the medullary centre or *sensorium*, where the mind perceives, and from whence its volitions are, by them also, conveyed to the several moving powers: How the impressions, made on the senses, are carried to the *sensorium*, and the volitions of the mind, from thence to the moving powers, I pretend not to determine.

If by vibrations, as by some is supposed, they must be of a kind very different from those of musical strings, the nerves being,

on no account capable, of such vibration; considered either in their substance or situation; their substance being very soft and unelastic; and being in general surrounded by and connected with soft parts, they are quite incapable of tension and vibration.

My idea of the matter, if I be happy enough to make it intelligible, is this, that the nerves being productions of the *sensorium*, the impressions made on the organs of the senses and on the *sensorium*, are *synchronous*; and the volitions are, in the same manner, *synchronous* with the action of the moving power.

I no sooner *will*, for example, to move my hand, but it is that instant in motion: For if the impression and the perception of it, are supposed to be successive, I cannot understand how they can be so instantaneous as they really seem to be, especially from the extreme parts to the *sensorium*, against the natural course of the nervous fluid,
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which passes from the brain to the extremities, but does not circulate, if I may be allowed that expression, back again.

Moreover, I would observe, that I feel at the extremities of the nerves in my fingers, in the same manner as I taste with my tongue, smell with my nose, &c. but not in the intermediate part of the nerves. This may seem not to agree with that common observation of a patient's feeling pain in his toes, some time after the leg had been taken off, but it is supposed to be owing to this, that impressions made upon the *sensorium* remain, for a longer or shorter time after their cause ceases to act.

If I should seem to attribute too much to organization and to extend the *sensorium* too far, I beg that I may be understood to consider it only as the medium or organ by which the *Mind* perceives and acts; and to carry it no farther than what seems to me, consistent with the *phænomena* physiologically considered.

considered. For as to the mind or soul, its nature, place, &c. that is a speculation I must leave to *Psychologists*, who are possessed of more penetration than I pretend to. And in respect to our future existence, I have the consolation to think, that the GOSPEL gives us a more substantial ground of hope, than any that *Philosophy* or *Psychology* can supply us with. But this by the way.—

The brain being supplied, by the carotid and vertebral arteries, with a great quantity of blood, perhaps not much less than a sixth part of the whole, is subject to many disorders; some of which are owing to excess of quantity or motion, or both; others to some fault of its quality, as being too viscid or too thin, or acrimonious; each of which will come under consideration as we proceed to treat of the several affections of the brain, &c. In the mean time I would observe, that the *dura mater*, not being furnished with nerves, is supposed, when in a sound state, to be insensible; but this as well as tendons, ligaments,

ments, &c. which when sound, shew little sensibility, become very sensible when they are diseased.

A P O P L E X I A.

Apoplexy is, of all the affections of the brain, the most formidable. It attacks a person suddenly, depriving him of all sense and motion, except of the heart and muscles concerned in respiration, which in them seems to be increased, the pulse being full, and the breathing laborious, with snoring and profound sleep.

The most common species of idiopathic apoplexy are the sanguineous and the serous. To the former are most subject, persons of a sanguine habit; a florid countenance; who are short and corpulent; who indulge themselves too much in good eating and drinking, indolence and sleep.

As this disease is generally mortal, or if the patient escapes with life, he remains deprived of the use of some of his limbs, it is of the utmost importance, to persons of the above description, to be upon their guard to prevent it. They ought therefore to be very temperate in both their eating and drinking, and especially of strong inebriating liquors; they should rise early and use exercise both on foot and on horseback. Temperance will also have the good effect of moderating the passions, which is of great importance. But if notwithstanding this caution, such a person should feel a dull pain or heaviness in his head, attended with listlessness or drowsiness, he must, without loss of time be freely bled, take a cathartic, use spare diet, and whatever else may be thought necessary, until he finds himself free from the alarming appearances. Thus much for prevention.

But in case of actual invasion of apoplexy, the patient must be immediately bled at the
arm

arm or temporal artery; stimulating clysters must be injected to empty the bowels; *vesicatories* must be applied and *sinapisms* to the feet; these to be removed at the end of three or four hours; the feet to be then washed with warm water, and the sinapisms repeated, if necessary; in the mean time, cupping glasses with scarification must be applied below the *Occiput*. Should the patient become able to swallow, a brisk cathartic will be adviseable; but beware of *emetics*, *volatiles*, and *sternutatories*.

Upon opening the heads of persons who died of this kind of apoplexy, more or less blood has been found, sometimes under the *dura mater* coagulated and covering part of the brain; sometimes in the ventricles or in the substance of the brain.

Serous.

The persons most disposed to serous apoplexy, are also the short and corpulent, but

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who instead of being rosy and sanguine, are pale, bloated, *leucophlegmatic*, drowsy, inactive, and who indulge themselves in the pleasures of the table and in sleep. The *prophylactic* cure differs not much from the former. Bleeding, however, may not be always necessary, but brisk *cathartics* will, and must be repeated; as will also frequent exercise on horseback; universal friction with a flesh-brush or coarse flannel; early rising; and temperance in eating and drinking.

But should they happen to be seized with apoplexy, it will be necessary to take away blood, though not so much as in the sanguineous. For though the accumulation of the serous fluid is generally slow and gradual, yet as it takes up more or less room, the vessels of the brain are in some degree compressed, and in case of violent exertion; excess in eating and drinking and the like; the circulation through the brain will be retarded and a rupture or stagnation occasioned.

fioned. Moreover the water in the ventricles is sometimes found to be * saline and acrimonious; and thus may irritate and constrict the vessels. On these accounts it will be advisable to take away some blood; to inject *cathartic* clysters; to apply *vesicatories* to the back and legs; and, when the patient can take them, brisk *cathartics*, *diuretics*, &c. Afterwards stimulants, with *tonics* and *chalybeats* together with the *prophylactics* already mentioned, will have good effects. Beside the two species of apoplexy spoken of, practical anatomy has discovered others occasioned by collections of matter; and some in which the vessels have been found distended with air, and even the longitudinal *sinus* containing nothing else.*

There are, moreover, several sorts of both *idiopathic* and *symptomatic* apoplexy, noticed by *Nosologists*, for which I must refer to Dr. Cullen's *Nosolog. Meth.* v. 11.

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PHRE-

* Vid. Excellent. Morgagni Epist. de Causis et Sedi-
bus, &c. Epist. v.

P H R E N I T I S.

From the great quantity of blood sent to the brain, it is rendered subject to inflammation. The symptoms of which are great pain and heaviness in the head; a quick full pulse; great heat; the countenance florid; redness of the *conjunctiva*; *Delirium*, *Typhomania*.

Some authors suppose a difference between inflammation of the brain, *Phrenitis*, and that of its membranes, which they call *Phrenismus*, but they seem at a loss how to distinguish the symptoms of one, from those of the other.

Inflammation of the brain is a disease of the most alarming nature, and requires our utmost attention and most speedy remedy. Blood must be taken away freely and repeatedly, according to the urgency of the inflammatory symptoms; *nitrated* clysters
must

must be repeatedly injected, and cooling laxatives administered. The feet must be bathed in tepid water; the head must be shaved, sponges with tepid water applied to it, and after that a *vesicatory*. The medicines must be cooling and diluting, such as barley water with vegetable acids, nitrated emulsions, and other neutral *antiphlogistics*, which must be continued so long as may be thought necessary, to procure a compleat resolution of the inflammation, as any other termination must prove fatal. Collections of matter have been found in the substance of the brain, of those who died of this disease.

C E P H A L A L G I A.

An oppressive pain in the head with heaviness, which though frequently *symptomatic*, yet may not unfrequently be considered as *idiopathic*, in young persons especially,

efpecially, and thofe of fanguine habits ; in whom it is often brought on by too much expofure to the heat of the fun, hot rooms, too violent exercife. Should it become frequent and troublefome, it will, in general, be foon removed by bleeding, gentle laxatives, and a temperate, cooling, and diluting regimen. In this head ach, the proximate caufe feems to be diftraction, more or lefs, of fome part of the brain, by the diftenfion of the blood veffels ; for the membranes not being furnifhed with nerves are fupposed to be infenfible.

The head ach is not unfrequently *ſympathic*, as in the caſe of indigeſtion, in which caſe a gentle *emetic* or drinking warm-water or chamomile tea and bitters are effectual.

Young perſons, approaching to the time of *puberty*, are very ſubject to head ach, of which nature relieves them, often by ſpontaneous bleeding at the noſe, &c.

CEPHA-

C E P H A L Æ A.

This is a severe pain of the tensive kind, in the external parts of the head, affecting mostly the membranes, the *Pericranium* and the *Aponeuroses* of the temporal and frontal muscles, extending to the face and jaws, where the pain is often *very* violent; those parts being copiously supplied with nerves, from the second branch of the *fifth* pair, which also furnishes the principal nerves to the teeth, whence arises the *sympathy* so remarkable in those parts. It often attacks one half of the head, and is then called *Hemicrania*; or a very small part or point as it were, and is then termed *Clavus*, and very often the temples and forehead. It is generally chronical; and sometimes periodical of the *quotidian type*.

It is very prone to return, upon changes of the weather and getting cold; to prevent which, care must be taken to guard the parts from cold, especially in the night.

Internal

Internal medicines are, in these cases, seldom of much use; except when the severity of the pains calls for *anodynes*. *Vesicatories* applied to the part or behind the ears, often give relief. Where these cannot well be applied, warm plaisters well charged with *Opium*; *Linament. Sapon. cum Opio*; *epithems* of warm stimulants, as pepper and ginger moistened with brandy; or mustard, have often given ease. When the pains are periodical, the *Bark* often proves efficacious. And that the patient may be fortified against relapses, and be the better enabled to bear the vicissitudes of weather, Buxton, sea-bathing, and exercise on horseback when the weather is fair and dry, cannot be too much recommended.

V E R T I G O.

This is an affection of the *Sensorium*, in which objects at rest, seem to be in motion; which appears to be *rotatory*, or *undulating*

ing or falling. The patient too seems to turn round with the room or bed, even when his eye-lids are closed. If he be up, he grows dizzy and blind; he staggers and at last falls.

This affection is in general *symptomatic* or *sympathic*. Sometimes it is occasioned by indigestion, or the too free use of inebriating liquors; by turning frequently round in a small circle; by the motion of a vessel, as at sea; or in a carriage going over uneven, undulating ground.

When it arises from indigestion, an *emetic* will be adviseable, first taking away some blood, if the patient be *plethoric*. After these a laxative of *Tinct. Rhei.* and *Tinct. Aloes*, and after all some bitter *tonics*.

The other *species* cease, when the occasion ceases.

E P I L E P S I A.

The immediate cause of this affection seems to be irritation of the medullary substance, but what the nature of the irritating cause is, either in the *idiopathic* or *sympathic Epilepsy*, does not appear. Violent affections of the *mind*; sudden frights; hurts of the head; some *poisons*; the repulsion of *cutaneous eruptions*; and several other exciting causes are mentioned by *Authors*, which it would be to little purpose to enumerate, as the treatment must be directed by the judgment of the Physician.

The *Fit* comes on for the most part suddenly, and without giving the patient the least notice of its approach, so as to secure himself from *accidents* that he is thereby liable to. But it is sometimes announced by a pain or spasm in some part of the body, or its extremities, from whence it proceeds upwards, in such manner, that
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the person has time to secure himself from the fall.

In respect to the *treatment*, nothing can be done in the *Fit*, more than to prevent the patient from being hurt by the violent convulsive agitation; and to take care that his stock and other *ligatures* be let loose. When he is pretty well recovered from the fatigue of the *Fit*, the *cure* may be attempted. And in the first place, if the patient be of a *sanguine* complexion, and in some degree *plethoric*, it will be proper for him to lose blood, which will be a *mean* of preventing what sometimes happens in the violence of the *Fit*, the rupture of blood vessels in the *Brain* and the consequence an *Apoplexy*. After that, it may be proper to carry off any offensive matter that may be lodged in the *first* passages, by gentle *emetics*, and proper *cathartics*. This done, trial may be made of *Nervines* and *Antispasmodics*, as the *fetid gums*, *Campbor*, *Castor*, *Musk*, &c. though it is to be lamented, that these too often disappoint

our wishes, and seldom do much good. I have sometimes thought my patient has received benefit from *Zincum calcinatum*.

If the disease should return *periodically*, the *Bark* ought to be tried, and may be of great use, as in fact it has been found to be. It should be given eight or ten days before the return of the *period*; in the quantity of two or three ounces, and then be left off; and again repeated before the next *periodical* time; and be thus continued, so long as it appears to be of use.

Should there be reasons to suspect worms in the case, *Anthelmintics* such as *Pulv. Stanni*, &c. must be tried, and *epithems* or plaisters to the *Epigastrium*.

In case of sudden repulsion of eruptions on the skin, or *scorbutic* acrimony, *Issues* will be adviseable, to be kept open a long time. *Harrogate* and *Scarborough* waters and *Sea-bathing*, under judicious direction, promise considerable advantages.

SPASMUS.

S P A S M U S.

This is a violent, irregular contraction of the *muscles*, or some part thereof. If it affect the whole body with rigid stiffness, it is called *Tetanus*; if the muscles of the forepart chiefly, *Episthotonus*; if the back part *Opisthotonos*.

It is a disease which seldom happens with us, but is frequent in the *Indies*, both *East* and *West*, and in the *Islands*.

I shall, *therefore*, beg leave to refer to those *Authors* who have seen and treated the disease,—*Hillary*—*Chalmers*—*London, Med. Observat.* and the celebrated *Cullen, Nosolog. Method.*

TRISMUS; or, LOCKED JAW.

This is a very *extraordinary* though too common affection, of which I have had
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the *mortification* to see some *instances* that proved fatal, even where the accident appeared at first, to excite not much attention. It has been observed in cases of complicated *fractures*; wounds by fire arms, or their bursting and lacerating the hand; wounds and punctures of the *joints*, *tendons*, *aponeuroses*, &c. of the hands and feet, and some of these little thought of, until some stiffness of the jaw, by degrees increasing, gave the alarm, but too late to be remedied. And it is to be lamented that this is too frequently the case. *Opium* taken liberally, and frequently repeated, has sometimes been successful,* but has often failed. In cases where the hand has been much lacerated by the bursting of the piece, the danger is great. But if there be a probability of the hand being in the least useful, both the *patient* and the *Surgeon* wish to try to save it, otherwise *amputation* at the first, would be the only mean to obviate this fatal *symptom*.

CHOREA,

* London Medical Observ. vol. 1. &c.

CHOREA, S. Viti.—SYDENHAM.

This is an involuntary *convulsive* motion of some or all the muscles of the body. It happens, generally, to young persons of both sexes, but mostly to *females* before or about the time of *Puberty*, after which time it generally goes off; in the mean time, it is the cause of much anxiety to the patient and their friends, by its long continuance, but it seldom fails of being cured. The cure is effected by medicines of the *nervine* class, and *Tonics* such as the *Bark* and mild *Cbalybeats*.

Thus far I had written, when a case of *Chorea* happened in my own family, to a girl, about twelve years old, who, without any previous complaint, was surprised one morning by a bleeding at the nose, which returned three successive mornings about the same time, and then ceased *spontaneously*; for I did not think it adviseable to check it,

so long as I saw that she bore it without complaint; and the whole together was only about *eight* ounces. She then appeared to be well, but rather pale. Some days after she began to be unsteady, and to have *involuntary* motions in her fingers, head, and feet, which increased gradually, until she became unable to walk, or hold any thing in her hands; her *face* was affected, and her *tongue*, so that she could not speak intelligibly; in short, her whole body was in constant agitation, so that in bed, means were necessary, to prevent her throwing herself out of it. For several nights she got no sleep, nor seemed to want it; for she had no other complaint; but eat her victuals moderately, and was almost as chearful as before. I gave her some of the usual *nervines*, the *fetids*, *Camphor*, *Castor*, &c. I also made trial of *Æther*, but without any sensible effect. I thought of *Musk*, but first I determined to try *Opium*. I gave her at first eight drops of *Tinct. Opii.* at bed-time, but without effect; however, I continued it, increasing the dose gradually

until she got up to twenty-five drops ; this did not make her sleep, but her agitation began to abate. I then gave her the twenty-five drops about six in the evening, and fifteen more about nine, this produced no sleep till the morning, when she slept two or three hours ; she was, however, less and less agitated, and the complaint seemed to be giving way. After a few days I increased the dose to thirty-five drops, which she took at six in the evening, and no more. She yet got no sleep until the morning, but by degrees became quite still in bed, though awake, and began to walk, but not steadily ; her hands yet very much agitated, when she wanted to take hold of any thing that required steadiness ; so that she sometimes laughed at the gestures that the attempt produced. She took *Tincture* of the *Bark* twice a day, while she used the *Tinct. Opii*. The dose of which was gradually lessened until it seemed no longer necessary.

P A R A L Y S I S.

This is a *suspension* or *diminution* of the power of motion and sensation, accompanied often with drowsiness.

If it affect most of the lower parts, it is called *Paraplegia*; if one side only, *Hemiplegia*, in which the face and the organs of speech are often affected; but these seem only different degrees of the same disease. Partial *Palsies* are sometimes cured, but often return. They, however, sometimes continue for many years, while the patient is in all other respects well. Even *Hemiplegia* is frequently observed to continue in this manner. The greater degrees are seldom cured, but sometimes end in *Apoplexy*. As the proximate cause is in that part of the brain or *Medulla Spinalis*, where the nerves of the part affected have their origin, or between that and their termination, the cure is difficult. The constitution and habit
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of the patient must therefore be attended to. If the patient appear to be *plethoric* or of a sanguine complexion, it will be proper to take away some blood; but if, on the contrary, he look rather pale and bloated, bleeding had better be omitted; and the medicines must be warm and stimulating. In both cases, *blistering* is advisable; the *vesicatories* should be applied to different parts of the *spine*, successively; and to the part affected, as well as other stimulants. Though external applications seem to contribute but little to the cure: even that seemingly subtle and powerful agent *Electricity*, has fallen very short of what might be expected from it; but as it has in some cases been useful, it deserves to be tried in similar cases.

The *Bath* waters have often been successful, but they should be used under the direction of a Physician upon the place.

HYDROCEPHALUS internus.

While the affections of the brain and nerves are under consideration, I shall take the opportunity of employing a few thoughts on *Hydrocephalus internus*; that especially, which seems to have been little known before the time of the ingenious *D. Whytt*. It has appeared from dissections, that water has been found in the heads of some, who have died apoplectic or paralytic; and I have seen more than one instance, where I suspected it to be the cause of a violent pain in the upper part of the head, attended with *spasmodic* affections of the eyes and face in *adults*; but have not had opportunity to verify my conjectures by dissection. But what I have chiefly in view at present is *that* species described by *D. Whytt*, whose description agreed very much with what I observed in two or three cases that occurred to me some years since, but which I could not examine after death. The *symptoms* were *restlessness*;

leffness; pain in the head, as appeared by the frequent motion of the hand up to the head, with starting and sudden crying out; *strabismus*; dilatation of the pupil; *convulsions*, &c. and it proved for the most part mortal. As a convulsive affection attended with feverishness, it had been treated with *saline febrifuges*, *nervous medicines*, *vesicatories*, &c.

And the disease happening most frequently to children, the symptoms have been supposed to be occasioned by worms, which are known to produce very *Anomalous* appearances; hence, among other medicines, small doses of *Calomel* were occasionally recommended *to be made use of*, as an *Anthelmintic* only. But since *Hydrocephalus internus* became more known, the ingenious *Dr. Percival*, and some others, have employed *Mercury* in the cure of it, both internally and externally, and have published some cases in which it has been successful.

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It is certainly an affection that demands the most serious attention and judgment of the Physician, to distinguish this from other cases, in which some of the symptoms are much alike: The frequent motion of the hand to the head, *strabismus*, and *dilatation* of the pupil, seem to me to come nearest to be *Pathognomic* symptoms of this affection.

SECTION II.

SECTION II.

AFFECTIONS of the EYES.

O P H T H A L M I A.

AS I propose to take notice of those affections of the *Eyes* only, that do not, in general, require the *topical* aid of a *Surgeon*, I shall begin with that which happens most frequently, *Inflammation*. This disease is attended with symptoms more or less painful and dangerous, according to the degree and extent of it.

The most common is that in which the external parts, I mean the *Conjunctiva*, *Cornea*, and the eye-lids are chiefly affected ;
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in which case the usual symptoms, are pain and a sensation, as if dust or some other extraneous body were lodged under the eyelids; redness of the *conjunctiva*; impatience of light; and, in general, profusion of tears. When the affection is to a greater degree, the above symptoms are increased; the *Choroidea* is affected; the *Eye* is swelled; great pain is felt at the bottom of the orbit; the pupil looks *red*; and the sight is cloudy. When this is the case, our utmost attention must be exerted to avert the bad *consequences* that may ensue. This is to be attempted by copious *venesections*, from the arm and the *jugular* veins; the application of leeches to the temples; brisk *Cathartics*; *Anodyne* fomentations; warm vapour and *Cataplasms*; *Vesicatories* behind the ears, and the neck; and warm *Pediluvia*.

The milder degree of *Ophthalmia*, will require a treatment somewhat similar, but more gentle; when the *inflammatory* symptoms and pain are much abated, it may be
proper

proper to use a *Collyrium*, such as the following R. *Aq. Ros: Mist. Camphorat: aā ʒi. Extract. Saturn. gutt. xii.* of which two or three drops warm may be dropped into the eye, three or four times a day. To two parts of this may be added one part of *T. Opii.* occasionally. In some cases of *Ophthalmia*, I have made use of *Calomel*, with manifest advantage. In others, I have found the *Bark* and other *tonics* useful; especially in patients of *scrophulous*, and *relaxed* habits. And with the view of preventing the return of the disorder, I would recommend the washing of the face and eyes, every morning, in cold *well-water*; of the good effects of which, among other instances, one is related by the indefatigable *Morgagni*, as experienced by himself.* Who, from being subject, in his younger years, to weak and frequent sore eyes, was, by this means, enabled to carry on, and finish, his great work at the age of *eighty*, without spectacles.

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* De Causis et Sedibus Morborum, &c. Ep. xiii. art. 24.

The bad consequences of inflammation of the *internal* parts of the eyes such as matter between the *laminæ* of the *Cornea*; adhesion of the *Uvea* to the *Cornea*; *opacity* of this, by small *papulæ* or *ulceration*, must have the aid of a skilful *Surgeon*. I shall only add, that small specks on the *Cornea*, often wear off by degrees, or with the assistance of some mild deterfive *collyrium*.

A M A U R O S I S.

This alarming affection, known by the barbarous name of *Gutta Serena*, is sometimes preceded by *Cephalalgia*, and sometimes comes on suddenly. Its approach is sometimes announced by the appearance of black spots or films, or hairs, floating in the air; especially when the person looks upon white paper, snow, or other white objects; but this *criterion* is fallible, as persons often have such appearances for years, without that consequence.

This

This affection is a deprivation of sight, without any other apparent change in the *Eye*, than *dilatation* of the pupil, and its want of contraction, on the approach of strong light. The cause is something that affects the optic nerve.

This has been found to be sometimes a fluid in the lateral ventricles, by its quantity, compressing, or by its acrimony, irritating the *Thalami Nervorum Opticorum*, the *Corpora striata*, or the *Optic* nerves, at their origin, or in their progress to the orbit: this nerve, having, in these cases, been found to be sometimes compressed by tumours; its substance changed and dissolved, or wasted; and sometimes even twisted as it were, in cases where the globe has been much turned about by the convulsive action of its muscles.—*V. Morgagni*. *

It has sometimes come on *suddenly* without any evident cause, as happened some

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years

* De Causis et Sedibus Morborum, &c. Ep. xiii. art. 24,

years since to a *Miner*, in the copper-mines near *Richmond*, a young man, about thirty, who was struck blind on a sudden, about ten days before he came to the *Hospital*; without any previous indisposition, as he said. In him the *Pupil* was so much dilated, that very little of the *Iris* was to be seen. Various stimulating *nervous* medicines, and applications were tried; among the rest *Electricity* for some time; but finding no benefit, he grew impatient and left the *Hospital*, as he came in. *Mercury* has been advised in this case, and deserves to be tried. *Millepedæ* too are extolled by some, and may be safely tried, though, I fear, their efficacy is not very considerable.

If dimness of sight happen to persons of a *plethoric* habit, and be attended with dull pain or heaviness; *Venesection* and *Cathartics* will be highly necessary. And as a *preservative*, *temperance* and a due degree of labour or exercise will be most adviseable.

SUFFUSIO.

S U F F U S I O.

Cataract is an *opacity* of the *Chrystalline Lens*, a substance which consists of thin *laminæ* and a very fine fluid; both of such extreme *tenuity*, as to form a *body* of the most perfect *transparency*, like the purest *chrystal*, from which it has its name. It is of the utmost importance to perfect *vision*: so that in proportion, as that *transparency* is impaired, the sight is more or less imperfect. This is often the case in *old age* when, from being perfectly *transparent* and invisible, it becomes *whitish* or *yellow*, and renders the sight dim. Thus it is in the *Cataract*, and to such a degree as to refuse a passage to the rays of light: having passed through several gradations of *consistence*, until at last, it becomes *solid*. In some cases it has been found *soft* and *pulpy*; in others its substance has been wasted, nothing but a *pellicle* remaining. Other examples of *opacity* of the *Chrystalline*, are to be found

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in the works of the egregious *Haller* ; *
Morgagni, &c.

All that can be done here is to remove the *opaque* body from behind the pupil, either by couching, or extraction ; the choice and performance of which must be left to the skill and dexterity of a *Surgeon*.

L I P P I T U D O.

This is an affection of the *Eye-lids*, but especially of the *Tarsi*. The edges are swelled, and the *ciliary glands* discharge a more than ordinary quantity of their fluid, which with the discharge from the excoriated parts, forms a yellow matter that causes the *palpebræ* to stick together, so as not to be separated without great CARE.

This affection is sometimes very troublesome

* Opuscula Pathalog. Obs. iii. — Morgagni Ep. lxiii.

some and tedious ; more so in general than *Optthalmia*.

The cure may be begun by *Venesection*, if the person be inclined to *Plethora*, for it is not always necessary ; mild *purgatives*, preceded by small doses of *Calomel*, are in general useful ; those to be succeeded by *Alteratives* ; such as *Æthiops Mineralis*, *Spongia nsta*, *Decoct : Lignorum*.—*Aq. Calcis. comp :* In the mean time some *external* applications will be adviseable ; such as warm-water with a little *brandy* ; *sea water* warm, &c. At bed-time the application of *Unguent : Tutia* or *Ung : Cerussæ acetatæ*, spread very thin upon old rag, and laid upon the edges of the *Eye-lids*. To confirm the cure, *sea-bathing*, and sometimes an *issue* may be necessary.

Pustules ; small *encysted Tumors* ; *Hordeola*, &c. I must leave to the care of the *Surgeon*, whose assistance they sometimes require.

STRABISMUS

STRABISMUS—DIPLOPIA.

The little I have to say upon *Squinting*, and *double vision*, I include in the same article, because of their affinity in their *proximate* cause, which I suppose to be a *paralytic* affection of some of the muscles of the eyes, or a *preternatural* contraction or *convulsion* of their *antagonists*: by which the *Optic Axes* are not exactly directed to the object. The causes of *double-sight* are nearly similar; but this to me, seems more owing to a *paralytic*, than to a *convulsive* affection, if it be always (as it was in the cases that I have met with) attended with a *falling-down* of the upper eye-lid; a case that is very troublesome and inconvenient, as well as alarming to the patient, from the apprehension of worse consequences. However, in the cases that I have seen, the patients were, in every other respect, perfectly well; so that in them it was purely local.

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As to the method of cure; internal medicines seem to have but little effect. It may, however, happen that *venesection* may be proper and necessary, as in case the patient should be *pletboric*; and it cannot be amiss to try some *nervines* and *stimulants*. External applications to the eye-lids, forehead, and temples, must be *stimulant*, such as *Sp. Rorismar. Sp. Vin. camphorat.* animated with a moderate portion of *Sp. volat. aromat.* which may be applied two or three times a day.

It might be expected that *Electricity* would be useful in this case; but I have known it tried, not only without the desired effect but the contrary, the eye-lid being still more let down by it, which I should not have supposed; but I was assured of the fact, by the patient himself.

SECTION III.

On the E A R.

O T A L G I A.

THIS wonderful organ is subject to various affections, some of which are attended with very alarming symptoms; and others by which, though life be not endangered, yet the sense of hearing is often irrecoverably destroyed.

Diseases of the *Ears* may be divided into *external*, that is to say, such as affect the *Meatus auditorius externus* only; and *internal*, or those that attack the *Membrana Tympani*, the muscles of the *Malleus*, *Incus*, *Stapes*, &c.
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the *membrane* that lines the *Tympanum*, the *Vestible*, the *Cochlea*, and the *femicircular Canals*; together with that important part the expansion of the *Portio mollis* of the seventh pair, or *Auditory* nerve, on the several parts just mentioned.

The *Ear* is subject to *rheumatic* affections, from catching cold, which occasions violent pain, and even some degree of fever. But this may be removed, by the application of warm vapour, an anodyne fomentation, a poultice of white bread put into a flannel bag, or a boiled turnip, applied in the same manner.

But should these not succeed, and the pain be very violent, attended with fever, watchings, &c. the patient must have some blood taken away, and this repeated, according to the violence of the symptoms and constitution of the person; the belly must be emptied by clysters, to which *Nitre* should be added, and moderate *cathartics*.

His drink may be small subacid liquids, nitrated emulsions; externally, fomentations, warm vapour, cataplasms, and *pediluvia*. In short, every thing that may tend to check the inflammation, and promote *resolution*, must be done; as *suppuration* would probably injure the organ so much as to occasion the loss of that sense.

This is what sometimes actually happens in fevers, by *translation* of the *morbific* matter. Of which I have seen some instances; one of which I shall relate. Being desired to visit a boy about eleven years of age, who had been several days in a *Fever*, I found that the *Fever* was declining, but there was a considerable discharge of *matter* from both his ears. I was apprehensive that irreparable mischief was done to the internal *ear*, and all that I could do now, was to endeavour to heal the ulcer. This I attempted to do by the use of *balsamics*, such as *Bals. copaiva*, *Bals. traumat.* tempered with *vitell. ovi*, of which three or four drops were dropped

ped in two or three times a day, with a little cotton wool upon it. The discharge diminished gradually, and at last totally ceased; but the boy became quite deaf; and in consequence of that, in the course of a very few months, his speech was so inarticulate as to be a mere unintelligible gabble. More such instances might be mentioned, but the case is, I fear, so common, as to make it unnecessary for me to dwell any longer on the subject. Another cause of deafness, I shall just mention, and that is *concretion* of the *Tuba Eustachiana* in venereal cases, noticed by *Boerhaave*.*

Deafness is sometimes occasioned by indurated *cerumen*, or other *extraneous* bodies. When it is caused by hardened wax, it is easily removed by dropping in warm water, alone, or animated with a little brandy, or a few drops of *Sp. volat. aromat.* about twelve to an ounce of water. This to be
dropped

* Prælect. in Instit. § 563.

dropped into the ears, alternately, every night, and after that, if it should be thought necessary to syringe the ear, it may be done with an infusion of rosemary or sage.

In complaints of deafness, the ears should always be looked into. Some years since a country-man came to me to be cured of hardness of hearing. After some inquiry, I examined one ear, in which I perceived something black, which, with a pair of small pincers, I extracted; the other ear was then examined, and treated in the same manner. The man immediately said he could hear very well, and thought it a miraculous cure. The obstruction was formed by filaments of black wool, that he had long been in the habit of wearing, which mixing with the *cerumen*, had formed a hard ball that filled up the *Meatus*, so as to exclude all ordinary sounds.

SECTION IV.

I N S A N I A.

THIS subject may be thought to be misplaced, and that it might have been more properly considered among the affections of the *Brain*. But the truth is, I thought to have omitted it entirely; and if I should be asked the reason for passing over a *malady* so peculiarly affecting, I should have said that persons in these circumstances are for the most part put into the hands of those who make it their business to take care of, and treat such patients. And this, not always on account of their supposed superior skill, but because of their
being

being provided with the means to be employed, when *coercion* is necessary; and without which little is to be done. Indeed I am persuaded that, in many cases, the *Keeping* alone, does more towards the cure than any thing else. This is, especially, the case with *patients* of superior rank and fortune, and for this simple reason, that having been long in the habit of *commanding*, and of being *implicitly* obeyed, by their *family* and *servants*, they cannot bear to be contradicted by them, and upon the least opposition are put into a violent fit of *rage*: so that we daily see such patients, in general, much more placid and composed, and more easily governed by *strangers*, and those who seem to *disregard* their anger, than by their friends. Thus, by degrees, they acquire a composure which at last becomes habitual, and thus they are often cured with very little *medicine*. This leads me to say a little more on the subject.

Coercion then, if necessary, is the first step
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to be taken. The next thing to be considered, is the *constitution, habit, and temper* of mind of the patient. If he be of a firm habit, strong and sanguine, *Venesection, Emetics, and Cathartics* will be adviseable; in the mean time, he must have spare diet, and water or small beer for drink. This method is often successful in occasional *Insanity*, brought on by excessive drinking, which sometimes will continue for weeks, and at last leave the patient perfectly sound of mind, so long as he keeps himself sober.

When the patient's strength has been thus reduced to a more moderate state, we must temporize, and endeavour to find out what are the most prevailing *ideas* that occupy his mind. For it is often so much engaged with some one object or train of ideas, on which the person is continually intent, as absolutely to exclude all others. This *train* or *chain* we must endeavour to disturb and break into. We may attempt this by nauseating medicines, such as *Tart. Emeticus*, or *Ipecacuanha*, in small doses: to be repeated

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from time to time, according to the effect they may have ; and at the same time endeavour to apply to his understanding, whenever there is an opportunity. Such is the treatment that may be proper in *maniacal* Infanity.

When it is of the *melancholic* kind, evacuations must be very sparingly used. The patient must be treated with gentleness and kindness, and must be encouraged. The medicines must be *Nervine*, *Antispasmodic*, and *Cordial*. Amongst others *Camphor* has been considered as a *sedative* in cases of *Infanity*; and in this species may be joined to other nervines or cordials—but in the *maniacal* species, it should be joined with *Nitre*.

Infanity is sometimes owing to a *translocation* of morbid humours from the surface of the body to the brain, such as *eruptions* of various kinds, *ulcers*, &c. &c. In such cases, it will be adviseable to use vapour and warm baths; *vesicatories* to be kept open for some time; and issues in the most commodious

commodious places, as the inside of the thighs, &c. Convalescents will receive great benefit from air and exercise, whose recovery it will accelerate and tend to confirm.

Sometimes it has been known to arise from violent *mental* affections, such as, *Love*, *Terror*, *Despondency*, &c. And in some it seems to be purely *mental*, and without any *procatarctic* cause whatever, that can be recollected; and such kinds of *Insanity* are, for the most part, *incurable*.

The violently *maniacal* are sometimes obliged to be treated with rigour and close confinement, but this treatment must be tempered with *Humanity*, and carried no farther than *security* requires. *Camphor* seems, in this species, to be a *sedative* that deserves to be tried; fifteen grains, with as much *Nitre*, may be repeated once in six or eight hours, according to the effect that it has.

SECTION V.

HYDROPHOBIA.

DREAD of water, that formidable *symptom* that happens to persons who have had the misfortune to be bitten by a mad dog, cat, or other mad animal, is one of the most difficult to account for, as it is of all affections the most *dreadful*. And what renders the case truly pitiable is this, that the patients are often too sensible of their condition. This, added to the consideration, that it is a *malady* which having, in general, resisted the power of all the remedies hitherto recommended, however dignified with the specious title of *specifics*; many *Physicians* of experience and eminence in their profession, among others the late *Dr. Fothergill*,

Fothergill, have candidly declared their diffidence of the virtues of them *all*. And this they seem to have done with the laudable intention of preventing the loss of that time which should be employed immediately in using the most rational means, that can be thought of, to prevent the *intromission* of the *Virus* into the blood. For we find that its progress is in general slow. In two cases that came under my notice, the symptoms did not come on until about five or six weeks after the persons were bitten; and I am inclined to think, *that* is the most usual time of the symptoms coming on.

The most rational means seem to be, either to *cut out* the wounded part entirely, or if that should not be practicable to enlarge the wound, or make scarifications and apply cupping-glasses to promote a free discharge of blood; after that to apply *balsamics* mixed with *irritants*, to promote a large discharge of matter; and not to suffer the wound

wound to heal, but keep it open six weeks or more. This seems to be preferable to *cauterizing* the wound. But should this be preferred, it ought to be done immediately, and if practicable to such a depth, as to destroy not only the wounded part, but with that, some portion of the sound flesh, least any particles of the *Virus* should be shut in, before a free discharge can be brought on. To these, or similar means, may be added the rubbing in *Mercurial* ointment about the wound, to the quantity of one drachm every second or third day, but not so long as to salivate the patient. It will be right likewise to give the patient such medicines as have been thought successful; such as *Pulv. antilyssus*; the *Tonquin* medicine, consisting of *Musk* and *Cinnabar*; *Camphor*; *Opium*, &c. which must be given in a solid form. *Antispasmodics* seem to be the most likely to be of use; for not only the affection of the *Gula* seems evidently *spasmodic*, but the *Heart* itself seems to be peculiarly affected, the pulse being irregular, and sometimes slow, except
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when it is accelerated by the violent efforts that the *afflicted* sometimes make, seemingly to fly from the inexpressible *terror* that by turns seizes them: of this I saw two instances. One was in a man, assistant to the huntsman, who was slightly wounded between his finger and thumb, as he was endeavouring to give a medicine to a hound. Three days after he went to *Colne*, where he took *Hill's*, or, as it is also called, the *Ormskirk specific*, and strictly observed, as he told me, the regimen after he came home for a fortnight, which was the time prescribed to him. He went on with his business, which was that of a cobbler, for about five weeks from the time of the accident. One evening he complained of pain in his back and limbs, as if he had got cold, and went to bed. His wife, upon this, got him some ale, which she made warm to make him sweat; but upon offering it to him, he bid her keep off, as he could not bear the sight of it. The next morning I saw him. He had about twelve ounces of blood taken away, which appeared to be perfectly well

well conditioned, and he was ordered into the Hospital. A warm-bath was prepared into which he was put; this seemed to make him very uneasy, especially when it rose up to his breast, or his face was sprinkled with it: He seemed to suffer so much, that I had him taken out of the bath and put to bed. I should have mentioned, that the ground being covered with snow and the air brisk, in coming out of his house, he shrunk back, as if the light from the snow and the air affected him, and appeared terrified. When he got to bed he seemed quiet, until I desired him to let me give him a little beer, which I persuaded him to do, though with apparent uneasiness. I took the beer in my hand, and drawing near to the bed, he started up in the utmost terror, so that his hair stood on end, and he crept into a corner as if trying to get away; I persuaded him, however, to try to take the beer, upon which he took the vessel in both his hands, hurried it to his mouth, and swallowed some of it; he then got under the bed cloaths,
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and seemed happy that he had got it over. From this time nothing fluid, nor scarce any thing could be got down. He gradually grew worse and worse, and died in about eight and forty hours. While he lived, and in the intervals of his paroxysms of *terror*, he was perfectly sensible, so as to give his directions about the work he had in hand. The paroxysms would be brought on by seeing any of his friends, whom he then would desire to keep away from him. His voice towards the last grew very hollow and hoarse, and he spit out, as the saliva formed.

The other case was in a school-boy who was bitten in the lip by a favourite hound as he was caressing him; but his being mad not being suspected at the time, little notice was taken of it, and the lip being but slightly wounded, soon healed. About five weeks after, he was sent home with symptoms of *Hydrophobia*. An eminent *Physician* was sent for, who did all that was possible, but without effect. I was then desired to see him. All our endeavours were fruitless; and he

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died

died about the third day. It was shocking to see him in the paroxysms, jumping over the bed, backwards and forwards; swarming up the bed posts; leaping up and down, until he was quite exhausted, and then sitting down and talking rationally, sensible of his condition, and praying God to deliver him out of his misery.

Bathing by surprize and half drowning the patients, in this calamitous state, having often proved pernicious, always dreadful, and often fatal to the poor *sufferer*, has lost much of the credit it formerly had, and that not without very good *reason*.

Throwing the patient into a pond, as being the only remedy against this *terrible* malady, and proposed by *Celsus*, has not succeeded with *Physicians*, as might have been expected, from the praises bestowed upon so many of them as are mentioned by *Etmuller*. The experience of *Forestus* and *Tulpius*, which is referred to, shews it to have been meant, rather as *preservative* than *curative*. *

* Vid. Morgagni de Caul. et Sedib. Ep. 8. art. 26. &c.

THOUGHTS, &c.

The T H O R A X.

B O O K II.

SECTION I.

The H E A R T.

THIS wonderful organ, the *primum mobile* in the animal *Oeconomy*, is from the beginning to the end of *life* in perpetual motion. And though it be a *muscle*, composed of fibres, apparently similar to those of other muscles, yet there is this material difference, that whereas all other muscles after much action, require long *intervals* of repose, this little *organ* never rests, but con-

tinues acting day and night, not less than *eighty* times in a minute, for seventy years, and often many more.

From this general supposition of muscles requiring *intervals* of rest, to recruit and enable them to renew their *action*, *Physiologists* suppose, that during sleep, *something* is *restored* to them which had been *dissipated* during their *action*, but allowing this, that alone does not seem to evince the *necessity* of sleep, since whether we use little or much action, or even sit still, we become sleepy, and if we are in health cannot long do well without it. Moreover we know that the *Heart* never rests.

When the *Brain* was under consideration, I took notice that it is by means of the nerves that the *Mind* perceives, and executes its *volitions*. But the *Heart* is not, as other *muscles* are, subject to the *will*, but is endued with a property prior to the nervous *influence*, by which it may be excited to motion even *after death*; though that *influence* be necessary
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to enable it to act with force and *energy*. This property is called *Irritability*, which belongs chiefly to the *Heart* and *Intestines*, and remains for some little time after death in *Man*; but in some animals much longer, even after the *head* and all possible communication with the *nerves* has been cut off. To this *principle* is probably owing, the constant motion of the heart, and that of its motion being capable of being excited again, after it had entirely ceased. As to the matter of *respiration* being carried on during *sleep*, we are not to infer from hence that those *muscles* are not under the controul of the *will*.

A N E U R Y S M.

Though the heart is in general able to bear so many years constant *action*, yet it sometimes happens, whether from *original* weakness or from *accidental* injury, that the fibres are insensibly stretched, the *ventricles*
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are enlarged, their sides grow thin, and the *Heart* becomes *aneurysmatic*. A sense of weight and oppression is felt; pain in the region of the heart; *palpitation*; *Cardiogmos*; *fainting*.

When this is the case, all that *art* can do, is to prevent the increase of the disease; as, if that cannot be prevented, it may sooner or later end in *disruption* of the heart and instant death. The patient must be let blood once, twice, or more in the year; he must live in the strictest *temperance*, avoiding all strong *liquors* and *stimulants*, and all violent exertions whatever.

I N F L A M M A T I O N.

The *Heart* is also subject to *Inflammation*, the signs of which are heat; quick pulse; pain; palpitation; *syncope*. The great *importance* of the part, demands the most speedy remedy. Blood must be taken away freely
and

and repeatedly, according to the urgency of the symptoms and state of the pulse. The medicines must be cooling and sedative, with plentiful aqueous diluents.

These means must be continued until the symptoms of Inflammation go off. For it is of the greatest importance not only to obviate the present danger, but to prevent the Inflammation from terminating in an *abscess* or *ulcer*, and adhesion of the *pericardium*, which would very much embarrass the heart in its action; and occasion palpitation and other uneasy symptoms.

PALPITATION.

The slighter and transient kinds of this affection, or such as are occasioned by sudden surprise and emotions of the mind; the smell of certain effluvia, such as *perfumes* and *sweet-smelling* flowers; or their contrary, *putrid* exhalations—those which are symptomatic

matic of *Gout* ; *Exanthemata* ; *Affectio hysterica* ; or sympathetic, as when owing to some affection of the *stomach* and *bowels*, from their being both supplied with nerves from the *eighth* pair and the *intercostal*, I shall not here dwell upon.

The *idiopathic* disorders of the heart, in which *palpitation* is observed, such as *inflammation*, and *aneurysmatic* enlargement of its *ventricles*, and the large blood-vessels, having been already taken notice of, I proceed to observe, that whatever may be the *occasional* cause of *palpitation*, the *proximate* seems to be either a diminution of the force of the heart, or the resistance of some obstacle, that prevents the expulsion of all the blood out of the ventricle by one *systole*, so that repeated efforts become necessary.

It is mentioned by *Authors* as an attendant on *Hydrops Pectoris*, but they are not agreed in its being a symptom of *Hydrops Pericardii*. This leads me to mention a case that occurred

curred to me. The patient was a middle-aged man, who had for some time appeared *leucopblegmatic*. He complained of shortness of breath; and a heaviness about his heart, with a beating. The motion of the heart was not a *palpitation* merely, but rather seemed an undulation of a fluid, with a rolling motion. Having the opportunity of examining the case after death, I found the *Heart* enlarged to an uncommon size, and six or eight ounces of water in the *pericardium*.

LEIPOTHYMIA—SYNCOPE.

Those affections which are owing to the *diminution* of the animal and vital powers and the senses, though called by different names, seem to have nearly the same origin, and to differ in degree only. In as much as the *heart* and *senses* are affected by some evident cause, such as violent *perturbations* of the mind; inanition; too great *plethora*;

I

they

they are called *Idiopathic*. But when they are symptoms of some other disease, they are termed symptomatic; hence, *Syncope Artbritica*, *Exanthematica*, *Stomachica*, &c.

The treatment is much alike in all, only due attention must be paid to distinguish well between those that arise from *Plethora* and *feverish* indisposition, which may require bleeding; from those that are occasioned by *inanition*, great fatigue and the like, where it would not be adviseable.

A S P H Y X I A.

This is a total cessation of the motion of the heart. It is sometimes caused by sudden and violent *emotions* of the *Mind*, and other occasional causes. But the most frequent causes are *suffocation* or *drowning*; the *fumes* of *charcoal*; of *fermenting* liquors; *Mephitic*; *foul air*, &c. which were formerly much more fatal than they are now. Thanks to
those

those worthy men who formed that noble *Association*, for the express purpose of assisting such as might have the misfortune to be in any of the above mentioned circumstances; and who must feel *ineffable* pleasure, in having been the means of saving the lives of *hundreds*, who without the judicious and *persevering* application of the means recommended by that *Society*, would now have been in their graves,

SECTION II.

The L U N G S.

FAUCES, &c.

THE substance of the *Lungs* consists chiefly of a loose cellular membrane, which is divided into *lobes*; which are, again, subdivided into smaller and smaller *lobules*, until, at last, they terminate in very small *cellules*, that communicate all one with another, and are full of *air*; which exhales from the extreme ramifications of *Aspera arteria*, and by their general communication, pervades the whole *Lungs*. In these very small cells, terminate also, the *pulmonary Arteries* and *Veins*; into which, the former exhale an *aqueous* vapour, that is
again

again re-absorbed by the *veins*. The *Lungs* are nourished by the *bronchial* arteries which are accompanied by the *bronchial* veins, and both communicate with the extreme branches of the *Bronchia*. The *Aspera arteria* is lined with a soft irritable membrane, which is moistened by a mild, watery *mucus*, that is furnished by numerous simple glandules, situated in the interstices of the *Cartilages*, and opening by very small *ducts*, into all the *cavity* of the *wind-pipe* and its branches.

The necessity of free, uninterrupted *respiration*, to life and health, is universally known; but how or upon what *principle* this necessity rests, or what it is that the *air* communicates to the *Lungs*, or receives from them, I do not pretend to determine. I would, therefore, recommend to the reader the observations of the ingenious *D D. Priestley*, *Crawford*, and other excellent *Philosophers* who have, with so much pains and ingenuity, investigated the *constitution* and properties of the air, and its influence in the *animal oeconomy*.

I would

I would farther just observe, that the cavity of the *Thorax* is lined with a thin dense *membrane*, rather stronger than the *Peritoneum*, called *Pleura*, which is attached by a cellular substance to the inside of the *ribs*; it is extended all over the *Lungs*, the *Pericardium* and the *Diaphragm*, on one side; is attached to the middle of the *Sternum* above, where it becomes *double* by the junction of that of the other side; so that the two taken together, may be compared, in some sort, to two large *bladders* or *bags* inflated; connected at the *sternum* and the *spine*; this connection forms the *mediastinum*; leaving a space in which are lodged the *Thymus*, some *conglobate* glands, fat, &c. The *mediastinum* being attached to the middle of the *sternum* above, but inclining to the left as it descends, it adheres to the *cartilages* of the *ribs*, and thus the right *cavity* becomes a little *larger* than the left. They are completely separated *into two*, which have no communication at all with each other, so that one *half* of the *Lungs* may be very much diseased,

eased, while the other is perfectly *sound*. Of this I met with a remarkable instance, some years ago. A *Sheep-stealer* being discovered by a person upon the watch, with a sheep upon his back, and not being willing to surrender, in attempting to escape, was fired at from a piece loaded with slugs. Having on a great coat of strong cloth, though he was beat down, he was not supposed to be much hurt. He was taken and committed to the *Castle*; where having been about three weeks, he died. An inquest being ordered, the *Surgeon* desired me to be present. I could not find that the man had made much complaint until a few days before he died. The cavity on the right side was full of a brown *ichor*, but nothing remaining of the *Lungs*, except the ragged remains of the *Bronchia* and the blood vessels. In the left side every thing appeared perfectly sound, without even so much as the slightest adhesion of the *Lungs* to any part. By the strictest search, I could not find that any of the slugs had penetrated; but there
had

had been a considerable contusion below the the right *scapula*, and some degree of extravasation of blood in that side, occasioned by the shock, which had corrupted and dissolved the substance of the lungs.

PERIPNEUMONIA;

PLEURITIS; PARAPHRENITIS.

Though these affections of the *Thorax* are treated on by *Medical Authors* as distinct from each other, the first being supposed to be an inflammation of the *Lungs*; the second of the *Pleura*; yet in enumerating the *symptoms*, they are so much alike, as to leave the distinction very *ambiguous*. Both are attended with *fever*; pain in some part of the *chest*; difficulty of breathing; cough and hard pulse; this, however, is not constant in *Peripneumonia*. In the *Pleurisy*, the pulse is hard; the pain in the side is pungent; increased by breathing; coughing is very painful;

painful; and lying on the *Side affected* very troublesome, &c.

Upon the whole, I am inclined to think that the *Pleura* alone, is scarcely ever *inflamed*, but becomes so by its connection with the *Lungs*, *Diaphragm*, *Pericardium*, &c.

In inflammatory affections of the *Thorax*, the attention of the *Physician* is to be directed to the preservation of the *Lungs* whole and entire; that the inflammation may be carried off, by *Resolution* of the *Obstruction*. To this end, blood must be taken away freely, according to the constitution of the patient; and this must be done repeatedly, in the beginning, or in the course of the first two or three days, to about eight or ten ounces at a time, as the strength of the pulse and urgency of the symptoms may require. Three or four bleedings will, in general, be sufficient; for as free *Expectoration* is in these cases to be encouraged, the *vital* strength must not be too much depressed. It is to be remembered that the *softness* of the pulse is not,

in this case, a reason for not repeating *Venesec-tion*, if other *circumstances* demand it. The *Medicines* most proper are the *neutral saline* draughts; *nitrated* diluents, taken frequently, warm; *camphorated Nitre*; and clysters of warm barley water *nitrated*. Applications to the *side* are sometimes useful for easing pain; such as *Lin. volatile*; fomentations with bladders, half filled with bran-pultice; and a *Ve-sicatory* to the part pained, when the other means fail.

Paraphrenitis or inflammation of the *Dia-phragm*, may perhaps be distinguished by the pain being chiefly about the ends of the short ribs, and by the patient's feeling himself as if tightly girded.

The method of cure is, in general, the same. I have sometimes thought that *Angina Pectoris*, may be in part occasioned by some similar affections of the *Muscle triangularis Sterni*, though it is generally supposed to be the *Mediastinum* that is affected.

PHTHISIS.

P H T H I S I S.

I have already said, that *Resolution* is the most safe and desirable termination of inflammation of the *Lungs*; if, however, the means proposed for that end should fail, *Suppuration* is next to be expected and wished for, as *Mortification* would be inevitably fatal. If *Suppuration* take place, deep in the substance of the *Lungs*, it will form *Vomica*, in which difficulty of breathing and a dry cough continue; with great uneasiness, and sometimes *Impossibility* of lying on the sound side; shiverings; *hectic Fever*, &c. If the collection of matter be large, and many considerable branches of the *trachæa Arteria* open into it, the quantity of matter rushing into the *Wind-Pipe*, is sometimes so great as to occasion *Suffocation*; but if that do not happen, and the matter be freely discharged and well conditioned, the *hectic* gradually declines, and the patient recovers. The termination by *Resolution* is generally at-

tended with free *Expectoration*, which relieves the obstructed vessels. But if the cough and spitting should not gradually diminish, if the *Fever* should continue, with *Exacerbations* about *Noon*, or in the *Evening*; circumscribed redness in the cheeks; heat in the flesh; thirst; and these succeeded by profuse *Sweats*, it becomes *Phthisis*; the cough and *purulent* spitting continue; the body becomes emaciated and weak; and *Death* closes the *Scene*.

All that art can do in these *Circumstances* is to endeavour to *palliate* the most urgent symptoms; to let the patient change his *Air*; to ride in the open *Air*, as much as his strength will bear; but not to be too much *fatigued*; to live upon *Milk* chiefly. To drink milk diluted with *Bristol* or *Seltzer* waters; whey; butter-milk, &c. And to use ripe, subacid fruits, with due regard to the state of the *Bowels*. One thing more, I would observe, concerning the change of *Air* or *Place*, whether to *Bristol*; *Wales*; *Scotland*;

land, or to the *Continent*, that it be done soon as *possible*, and not *deferred*, as is too often the case, until the *patient's* strength be so much exhausted, as that he either dies by the way, or in a *foreign country*, to the accumulated grief of his *family* and *friends*.

Balsamic medicines are very often used in these cases, but I believe, in general, to very little purpose; as their nature must be so changed before they can possibly reach the part affected, as to be no longer what they were. *Benefit* has been said to have been received, when they are conveyed to the part in the form of *vapour* by the *medium* of *æthereal Spirit*. That they may be thus carried in *small* quantity to the *Lungs* immediately, I believe, and have known it tried; but as to their *Success*, I can say little.

EMPYEMA.

E M P Y E M A.

When the inflamed part of the *Lungs*, is in contact with the *Pleura*, they soon adhere, and the matter, in time, makes its way between the *Ribs*; but is still covered by the external parts; which grow *thick* and *œdematous*; this points out the seat of the *Disease*, and the *Place* where an opening may be made, and the matter be discharged. It often becomes *fistulous*, and the matter is, from time to time discharged; a tent being kept in it for that purpose. The matter is often very *fetid*, and on that account disagreeable; but the *Patient* is, in the mean time, tolerably easy. The other side being probably sound and well.

When matter is contained in the cavity of the chest it forms *Empyema*, the symptoms of which, are cough; breathing difficult; *hectic fever*; *lying-down* very troublesome; a sense of fluctuation is felt in the
Thorax;

Thorax; and other signs like those of *Dropsy* of the *Breast*. Copious *Expectoration* might seem to carry off the matter, but this is not the case; for though it may give some relief, yet large *Quantities* of matter have been found in the *Thorax*; though *Expectoration* had been very copious. And indeed the symptoms and signs are, sometimes, so *equivocal*, that the utmost *Circumspection* is required to prevent mistakes, since we sometimes see patients able to lie in any position, with little *Cough*, or other apparent affection of the *Breast*, in whom, *after Death*, the *Lungs* have been much decayed and turned to matter.

Empyema has sometimes been formed sooner than might be expected, and one lobe of the *Lungs* turned into matter in a fortnight; while the other remained entire and sound.

Phthisis is not only the consequence of the diseases of the *Lungs* above-mentioned; but
also

also of *Hæmoptysis*; *catarrhal Fevers*; *Influenza*; repulsion of *cutaneous Eruptions*; *Scrophula*; especially in young persons. Some Constitutions are, more than other, disposed to it; especially those of a *delicate Complexion*; rapid growth; who are subject to *catarrhal* complaints; *Cough*, &c. and who, too frequently neglect the care that is necessary on such occasions. It is astonishing to see how *rapid* the progress of the disease sometimes is; becoming fatal in the course of two or three months.

The *abdominal Viscera* are also subject to inflammation and its consequences, of which notice will be taken as we go along; but beside the cases in which *Suppuration* has been the consequence of evident *Phlegmasia*; matter is sometimes formed in so secret and surreptitious a manner as never to be suspected.

Those large *Abscesses* which sometimes form in the thigh; *having* their source in
the

the *Hypogastrium*, and that are generally thought *psoadical*, are not always suspected, until by the descent of the *Matter* into the thigh, it becomes sensible to the *Touch*.

A case of this sort which came under my inspection a few years since, deserves, I think, to be related.

A young woman, aged about twenty, apparently in perfect health, was sent to the *County Hospital*, on account of a swelling in her *Groin*, supposed to be a *Rupture*.

The tumour was about the size of a *Tennis-ball*, but very soft and yielding; perfectly free from pain, and the skin not the least discoloured. At the *Surgeon's* request, I examined the patient; and for this purpose desired her to be laid on her back. While with one hand I pressed the tumour, my other hand was laid upon the *Hypogastrium*; and pressing with each alternately, I perceived a very great *Fluctuation*. The dis-

L

charge

charge of the fluid being resolved, *Mr. Fell* proposed the doing it by a *caustic* of a moderate size. The quantity of matter discharged, was little less than a *quart*; it was about the colour and thickness of *Cream*, and perfectly *inodorous*.

I had been particularly *inquisitive* respecting her health before the appearance of the swelling; but she assured me that she had never had any *Fever*, *Pain*, or *Sickness*, nor *Shiverings* whatever; nor any other *Indisposition* before or since its appearance.

After the first *Discharge*, matter continued to flow in smaller and smaller quantity, and grow thin. About the end of *ten* or *twelve* days, all which time she seemed to be going on very well, she began to complain of *loss* of *Appetite*; *Languor*; *Thirst*; her *pulse* became quicker than usual, and the *matter* not much, but *ichorous*. Those appearances grew daily more and more alarming, so that there seemed only one thing to give

give her the chance of—her own country *Air*. She went home directly, where I heard she died *tabid*, in a few weeks.

To what shall we attribute this great change?

The *matter* was let off by a *small* opening; the dressings were quite *superficial*. Could the action of the external *Air* on the cavity from whence the matter had been discharged, occasion such change? *Psoadic* abscesses have often terminated in a manner similar to this, especially when discharged by a *large opening*; to which the fatal *Issue* of the case; has by *Surgeons* been generally attributed; and on this account they have thought it best to make the opening *small*; which they have found to succeed better.

Q. In such cases as these, might not some kind of injection, especially a *balsamic* one, be adviseable?

Tabes from internal ulcers are generally accompanied with *Hectic Fever*, *Marasmus*, *colliquative sweats*, *Urine high coloured*, and depositing a red *sediment*, which last I have ever found to attend them.

A S T H M A.

Great difficulty of breathing, *Stricture* and *Anxiety*, with wheezing and dry cough, returning at *uncertain intervals*, are the usual marks of this *chronical* disease. But though it is *chronical*, its attacks are sometimes so violent as to be very distressing and alarming; so as to require *Bleeding*, *Vesicatories*, and attenuating *stimulants*, such as *Gum Ammoniac*. *Asafetida*, *Acet. Scillæ*, *Mel. Scillæ*, &c.

Difficulty of breathing, with *Oppression* and a sense of *fullness* in the breast; frequent cough, and sometimes a great quantity of *Mucus*, is often occasioned by *taking cold*, and for that reason is called *Catarrhal*. This
may

may in some require bleeding, but in general, attenuating *stimulants*, *Emetics*, and *Vesicatories* are the most useful.

When there is a quantity of *viscid mucus*, I have seen great relief obtained by the powder of *Squills*, given in such doses as to procure a discharge from the *Stomach*; as recommended by *Hoffmann* and others.

There are yet many other species of *idiopathic Dyspnæa*; as there are various *occasional* causes; due attention to which must be had, in drawing the curative indications; which I shall not take up my reader's time to enumerate, but beg leave to refer him for these, and also for a copious list of *Symptomatic Dyspnæa* to *Dr. Cullen's Nosolog. Method.* the cure of which will likewise depend on due consideration of the nature and state of the *primary* disease.

SECTION II.

Trachæa Arteria and Fauces.

ANGINA; INFLAMMATORIA.

THE intimate connection there is between the *Trachæa arteria* and the *Fauces*, leads me to the consideration of *Angina*, a disease in which they are both affected, more or less, at the same time.

Angina is usually considered as being of three species; namely, *inflammatory*; *apthous* or *ulcerous*; and *malignant* or *gangrenous*. Other differences are mentioned by *Authors*, but they are more or less allied to these. This *Alliance*, however, makes it a
matter

matter of very great importance rightly to distinguish, at the *Beginning*, one *species* from another ; as the proper treatment of one, would be very *pernicious* in another. The *inflammatory*, for instance, requiring the taking away of blood freely and repeatedly, and *antiphlogistic* medicines, both which must be used with great caution, in the *ulcerous* ; and which, in the *gangrenous*, would be very *detrimental*.

In order, therefore, to make a right *Distinction*, we must take into consideration the *Constitution* of the *Year* and the *Season* ; the *Age* and *Sex* of the patient ; and the nature of the *prevailing* diseases, &c.

The *inflammatory* species happens mostly to young men of *strong* constitutions, *sanguine* complexions, and who lead *active* or *laborious* lives. It comes on with pain in the neck and throat ; redness and swelling of the *Fauces* and *Tonsils* ; pain and difficulty in swallowing ; *Head-ach* ; a full and quick pulse ;

pulse; *Febris Synocha*. The cure, as has been already hinted, requires that blood be taken away at the first, freely, and to be repeated in the course of the *first* and *second* day, according to the *Urgency* of the *Symptoms*, and *State* of the *Pulse*. To this must be added, *Clysters*; or if the patient can swallow, *Laxatives*, to empty the Bowels; and *Vesicatories* to the *Neck* and *Throat*.

In the mean time the patient must endeavour to *hold* in his mouth, and to swallow, very *frequently*, warm, small, *nitrated* liquids; and to draw in warm *Vapour*, by way of *fumigation*; and thus to pursue the *saline*, cooling method, so long as may seem necessary. But if, notwithstanding all this, the *Swelling* should be, as it were, at a stand, though the symptoms of *Fever*, &c. be abated; and the *Tumour* instead of *Resolution* should tend to *Suppuration*, that must be encouraged; as it is the next most desirable *Termination*. For though it be sometimes *alarming* to the patient, the cure is often more speedy, than it is by *Resolution*.

ANGINA

ANGINA APTHOSA, &c.

This *Species* is most frequent in *Children*, *young persons*, and *Women*. The same parts are affected with swelling, redness, and whitish or brown spots; which spread and *ulcerate*. The Fever is rather of the *Typhus* kind; and the skin affected with a *red Efflorescence* or *Eruption*.

The method of cure most proper here, is to keep the patient in bed, but not too warm; to let him drink freely of small *Tea*, or *Barley-water* moderately acidulated with *Lemon juice* or the best *Vinegar*; and frequently to hold in the mouth and endeavour to swallow, a mixture of Sage tea, *Tincture of Myrrh*, and *Honey*, very moderately acidulated with *Sp. Salis*, so as not to be unpleasant to the taste. If the patient should not be able to take it in that manner, some of it must be injected frequently by a small syringe, and a *Vesicatory* must be ap-
M plied

plied to the *Throat* and *Neck*, if necessary. The patient must be supported by proper liquid nourishment, to which *Port Wine* may be added, in such manner and proportion, as shall seem advisable. Or if the patient cannot swallow what is sufficient, the same may be *injected* as a Clyster once a day or twice, if thought necessary.

The *Angina Maligna*, or *Gangrenosa*, seems to differ from the last only in degree. It is ordinarily *Epidemic* and *contagious*. The *Fever*, with which it is attended, being of the *Typhus* kind, is not very considerable at the first; nor does it often increase much, so that bleeding is seldom required, and is not to be employed without great *Circumspection*.

The *Fauces*, *Tonsils*, *Uvula*, and *Palatum Molle*, are of a deep red; inflamed and painful; with yellow or brown spots, which become deep *Ulcers*, casting off *sloughs*; and are attended with great *Fætor* and *Putrefaction*.

As

As the case, even at the first, seldom admits *Venesection*; the patient must keep his *Bed*, but must be kept *cool*. He must be liberally supplied with small tepid drink, acidulated with *Lemon-juice*; *Vinegar*; or *Spirit of Salt*, &c. a *Vesicatory* must be applied to the *Throat*. He must gargle with *Sage* tea, *Tinct.* of *Myrrh*, *Mell. Despum.* and *Port Wine*. And now and then swallow a spoonful of this or some such mixture,
R. Bals. Traumat. Muc. Gum. Arab. āā ʒss. Mell. desp. ʒi. Infus. Salviæ, ʒv. Sp. Sal. Mar. Gutt. quot Suff. iciunt ad gratan Ocudit.

A decoction of the *Bark*, with the addition of one fourth part of *red Port*, may be taken every four hours. In the mean time he must, from time to time, take a small basin of *Panada* or *Sago*, with *Port Wine*; a glass of which may be also necessary occasionally, in case of *Langnor*. His chamber must be frequently *ventilated*, *camphorated Vinegar* should be sprinkled about the *Bed*; and the

room fumigated with *Frankincense* or other *Resins*.

ANGINA TRACHEALIS.

There is yet another species of *Angina*, called *Trachealis* or *Laryngæa*, in which the membrane which lines the *Trachæa Arteria* and the *Larynx*, are supposed to be inflamed. This chiefly happens to young *Children*, whom it seizes suddenly with a sense of *Strangulation*, *excessive Oppression*, and *Difficulty* of breathing; and instead of a *Cough*, which they seem to be irritated to, they have a *Wheezing*, and a sort of crowing, with great *Anxiety* and *Distress*. The attack is, for the most part, so sudden, and its *Progress* so rapid, as to require the most *speedy Assistance*. And as by the circulation through the *Lungs* being so much embarrassed, the vessels must be greatly distended, it will be adviseable to take away some blood immediately; to
 apply

apply a *Vesicatory* round the neck; to put the *Patient's* feet into warm-water; and to give him the following, or some such mixture,
R. Oxymel. Scill. Vin. Ipecacuan. āā ʒss. Aq. pur. ʒiii. Sp. C. C. gutt. xx. one spoonful every quarter or half hour until some relief be obtained. In the mean time let the patient try to sip some warm liquid, as *Tea*, and endeavour to inspire the warm vapour.

The great difficulty of breathing, and *stridulous* voice, are so sudden in this *case*, that I should apprehend these symptoms to be owing rather to some spasmodic affection of the *musculi arytænoidei* of the *Glottis*, than to *inflammation* of the *Trachæa Arteria*, and an excess of *Mucus* there, which seem to belong rather to the suffocating *Catarrh*.

O E S O P H A G U S.

We have seen how the *Pharynx* is liable to be affected in cases of *Angina*, which
sometimes

sometimes and in some degree, affect the *Oesophagus* also. But independent of this connection, the *Gula* is subject to *Inflammation*, *Ulceration*, *Constriction*, &c. which are often occasioned by external causes, such as swallowing too large morsels, bones, splinters of bones, pins, &c; but not unfrequently when such causes could not be supposed or suspected.

I have met with several cases of *Constriction* of the *Gula*, for which the patient could give no reason; and which by a slow gradual *Increase*, have, at last, arrived at such a degree as not to leave a passage for, even, liquid food, sufficient to support the Patients; who, at last, died miserably, for want of *Nourishment*.

In one or two instances, I thought some benefit was obtained by *Mercurials*, administered with such caution, as not to cause too great *Fluxion* upon the part; but I am sorry to say that it is in general incurable.

CASE

CASE of ULCER in the Oesophagus.

I had once an *opportunity* of examining the parts, in a woman who died in this case; after having been for some time supported by nourishing *Clysters*.

I found a large ulcer in the *Oesophagus*, the sides of which were, in that place, so much thickened as scarce to give passage to a *Probe*, for near two inches downwards; the broad part of the *cricoid Cartilage* was great part of it consumed, by a *Caries*, and more of the *Trachæa Arteria ulcerated*.

This affection comes on *insensibly*, the patient feeling nothing more at first, than as if he had swallowed too large a *Morsel*. As it increases, he feels as if what he swallowed, stopped about the bottom of the *Sternum*; and what he had taken down, comes up by mouthfuls, with something like a *Hiccup*. By degrees, the difficulty increasing,

creasing, he is obliged to subsist wholly on liquids, and at last cannot take a quantity of them sufficient to support him.

The *Oesophagus* is liable also to *Compression* from the swelling of the *Glands* in and about it ; and at its lower part, from spasmodic affections of the lower *Muscles* of the *Diaphragm*, between which it passes. In the latter case *antispasmodics*, such as *T. fatida*, *Spt. volat. fætidus* and *Sedatives*, are useful.

THOUGHTS, &c.
ON THE
ABDOMINAL VISCERA.

The STOMACH, &c.

BOOK III.

SECTION I.

BEING copiously furnished with nerves, the *Stomach* is extremely *sensible*; hence it is no wonder that it is so frequently the *Seat* of pain, especially when we consider its office in the *animal Oeconomy*. For being the common *Receptacle* of all that we eat and drink; and our *Food* and *Drink* frequently consisting of most *heterogeneous* compositions, we ought not to wonder at the astonishing
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catalogue of affections, *idiopathic* and *symptomatic*, to which this organ is exposed, that to enumerate them would be almost as difficult as, with *Juvenal*, to tell, "*quot Themison ægros autumno occiderit uno.*" *

The most common of these affections, which happen without any disease in the organ itself, are chiefly owing to *Indigestion*, or *Dyspepsia*, such are *Cardialgia* or pain in the *Epigastrium*; *Inflation* of the Stomach; *Erućtations*; *Nausea*; *Vomiting*; loss of *Appetite*, &c. These are, in general, to be removed by such means as the nature of the occasional cause may require. If the *Pain* and *Distension* be owing to *Excess* of *Fruit* or cold *Vegetables*, some warm stomachic and laxative *Tincture*, or *Spirit*, will be of use; but should that fail, it will be adviseable to endeavour to dislodge the offending matter, by drinking warm-water, Chamemile tea, &c. and assist the *Operation* by stimulating

* Lib. 10. v. 221.

lating the *Fauces*. After the *Stomach* is cleared, it will be adviseable to take *Tinct. Rhab. ʒi. Vin. Aloes, ʒfs.* And to continue bitters with *Tonics*, in smaller quantities, for a few days, or as long as they are of use.

In order to prevent these disorders, nothing is so much to be attended to, as a well *regulated Diet*, and yet, in general, nothing is so little regarded.

I might here declaim against the various compositions that the *Art of Cookery* furnishes, to *solicit Appetites*, which that *Art* has rendered so *fastidious*, as not to be pleased with plainer and wholesome *Food*, but that it would belabour lost.—“*Non canimus surdis.*”

I cannot, however, omit this *Opportunity* of saying, that *Food* consisting of a due proportion of *animal* and *vegetable* substances, dressed in the most *simple* manner, with the addition of *salt, pepper, &c.* so as to render them more *palatable*; and for *Drink*, the

best is, in general, *Water*, to which, in some cases, a moderate portion of *Wine* or some good *Spirit* may be added; *Table-beer*, *Porter*, &c. and then a few glasses of sound *Wine*; would be the most *wholesome*. And if the more *exalted Compositions* of *Cookery*; and the *incongruous* mixtures "*frigida cum calidis*," &c. which a variety of *Dishes* presents, were avoided, we should not hear so much of *Dyspepsy*, and the numberless train of *Ills*, of body and mind, occasioned by *Intemperance*. *

It must, however, be acknowledged, that *some Stomachs* are liable to *Indispositions*, under the most careful *Attention* to *Diet*; according as the *Food* is disposed to one or other kind of *Acrimony*, *acescent* or *alkalescent*; from whence arise *Soda*, or *Heartburn*, and other pains of the *Stomach*.

They who are subject to *acid Acrimony*,
should

* Innumerabiles esse morbos miraris? Coquos numera.
Seneca, Epistol. 95.

should avoid excess in such things as have that Tendency; such are *farinaceous* and other *vegetable* substances, especially *sweet* things. On this account *Puddings*; *Pastry*; nay even *Bread* must be used with moderation. The *animal* part of their food should be *Mutton*, *Beef*, *wild Fowl*, *Shell-Fish*, &c. in preference to *Veal*, *Lamb*, or *Chicken*, though any of these may be eat. Mild *Ale*, or sound *Porter*, or *Water* with or without a small quantity of *Spirit*; and a glass of sound *Port*, will be the properest.

Should the acrimony be *alkalescent*, which may arise from eating much *animal Food*, and especially *wild*, *putrescent*, or of *haut Gout*; high seasoned meats; baked *Fish*; fried *Eggs*; it will be adviseable to drink warm-water, and endeavour to discharge it, and to take *Lemon-juice*, or other vegetable *acid* properly diluted; and then a dose of *T. Rhab.* and *Vin. Aloes*. *Soda* from acid *Acrimony* may require the Stomach to be *cleared* first, and then the *acid Matter* may
be

be corrected and carried off by *Magnesia calcinata*, joined with *T. Rhab. Vin. Aloes*, &c.

The *Stomach* is sometimes overloaded with *Saburra*, or thick viscid *Mucus*, occasioning *Pain, Sicknefs, Anorexia*, &c. *Vomits* are, in these cases, often necessary, but we must remember, that a considerable quantity of *Mucus* is natural to that *Organ*, to defend it from the *Acrimony*, which it sometimes is exposed to, and which, were it not for that defence, would be sometimes *intolerable*; we should not, therefore, be over *solicitous* about every appearance of *Pblegm* or *Mucus*, least we should deprive it of what is *necessary*.

This *Organ* is also subject to various *idiopathic Affections*, such as *Inflammation; Abscess; Ulcer*, &c.

The symptoms of *Inflammation*, are pain in *Epigastrio*, or *Gastrodynia*; with a sense of *Heat; Nausea; Hiccup; Fever*; and *Thirst*. The most *speedy* relief must be attempted,
by

by *Bleeding*; emollient *Clysters* nitrated, without any other *Stimulus*, unless a stool be thought necessary; a warm *Bath*; and *Barley-Water*, or *Milk* and *Water* moderately nitrated, which is to be taken in *small* quantity, but frequently, warm, until the *Symptoms* abate: In the mean time, he may take now and then a small bason of *Chicken-Broth*, which with a *Clyster* of *Milk* or *Broth*, once or twice a day, will be sufficient to support the Patient, as long as such support will be wanted.

U L C E R.

An Ulcer in the *Stomach* is generally accompanied with a gnawing or smarting pain, frequent *Nausea* and *Vomiting*; a sense of *Smarting* and *Soreness* upon taking almost every thing, but especially things that have more or less of *Acrimony*, either *saline*, *aromatic*, or *spirituous*. The matter thrown up by *Vomiting*, is for the most part brown, or of the colour of *Chocolate*, and sometimes inclining to *black*, without any disagreeable smell

smell, but often in greater quantity than could have been expected from what the *Patient* had taken in. It has been by some, thought to be formed of *Bile*. But in the cases that I have seen, it appeared rather to be *Blood*, that ouzed, more or less, from the *Ulcer*, in such quantity only, as not to excite *Vomiting*, until by its *Increase* it produced that effect; but in the mean time, it had lost its vivid colour, and was more or less changed. Instances, indeed there are, where the *Stomach* and *Duodenum* have been tinged black, and the Gall-bladder found containing a fluid as black as *Ink* — *an Bilis atra Hippocratis?*

In the cases, that occurred to me, the *Patients* became *hectical*, lingered for some months, and at last died *tabid*; and I had to regret the not having an Opportunity of examining the *Bodies* after death. Such an *Opportunity*, however, I had in another *Patient* who died with the *Symptoms* above mentioned, in whose *Stomach* I found an *Ulcer* almost the bigness of half a *Crown*,
near

near the *Pylorus*, the sides of *which* were thick and uneven; the *Pylorus* was much thickened, and the *passage* greatly straitened. The rest of the *Viscera* appeared sound.

The *Stomach* though in itself *sound*, suffers sometimes from *Diseases* of *Parts adjacent* to it, which I shall have occasion to notice, when I come to speak of the *Liver*, *Pancreas*, &c.

From the *Pylorus*, begins that part of the *Intestines* called *Duodenum*, which tends rather backwards and to the right side, where it touches the neck of the *Gall-Bladder*. From thence it descends obliquely towards the right, and is received in the *Mesocolon*, about the place where the *Ductus choledochus* enters it. From thence it ascends, passes behind the *Pancreas* and large *Mesenteric Vessels* to the left; gets out of the *Duplicature* of the *Mesocolon*; then descends and becomes *Jejunum*.

The *Duodenum* is lax and rather large;
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and by its ascending, after receiving the *Ductus choledochus* and the *Pancreatic Duct*, it gives some opportunity for the *Bile* and *Pancreatic Liquor* to mix with the Food.

The *Pancreas* extends from the *Spleen* to the right, almost *transversely*, over the *Vertebræ*; is received between the *Laminæ* of the *transverse Mesocolon*; and its round *Extremity* is almost surrounded by the *Duodenum* to which it is attached.

As I shall have occasion to mention the *Pancreas* and the *Duodenum* hereafter; this short account of their situation, may not be thought superfluous; and will answer my purpose as well as a more *detailed* and more *accurate* description.

L I V E R.

The great *Importance* of this Organ in the *animal Oeconomy* may be supposed from its
Magnitude,

Magnitude, being the largest of all the *Viscera*. And as its office is to separate the *Bile* from the *Blood*, we may thence infer, that it is to *that* the *Liver* owes its *Importance*. And in fact, we find, that whenever the *Bile* is deficient or depraved, the due *Affimilation* of the Food is prevented; the *Chyle* becomes imperfect; *Nutrition* fails; the *Body* becomes by degrees *cacheetic*, *anasarcous*, *dropical*.

The large quantity of Blood that passes through the *Liver*, but especially that by the *Vena Portarum*, which performs the office of an *Artery*, but without its *contractile* Power, is retarded in its progress; and hence probably the disposition to *Obstructions* and *Schirrous* Tumours so frequently found in this *Part*.

The *mesenteric* and the *splenic Veins*, of which the former is the largest, together from the *Vena Portarum*, which is dispersed through the *Liver*, accompanied by the ramifications of the *hepatic Artery*, the *Vena cava* and the *Ductus hepaticus*; these communicate

one with another, the *Vena Portarum* with the *Porbiliarii*, and the branches of *Vena cava*; and this too, with the *hepatic Artery*.

The blood brought by the *mesenteric Vein*, is supposed to be charged with *oily, fetid, and alcalescent* Particles, absorbed by the *mesaraic* and internal *hæmorrhoidal Veins*; and thus being, by its *nature* and retarded *motion*, rather too *viscid*, is supposed to require being diluted, which is thought to be performed by the Blood brought from the *Spleen*; the whole substance of which, being formed of the ramifications of *Blood Vessels*, and having no *excretory Vessels*, and being at the same time lodged in a part, where the warmth is considerable, becomes alcalescent; is attenuated, and mixing with the *mesenteric* Blood, not only dilutes it, but supplies it with something necessary to the completion of the *Bile*; and this too, at a time when it is *most* wanted; when the *Stomach* is distended with Food; which pressing upon the *Spleen*, urges on and accelerates the motion of the Blood from it.

The

The DISEASES of the LIVER,

are INFLAMMATION; ABSCESS; SCHIROUS TUMOURS, &c.

Inflammation of the *Liver* is attended with *Fever*; pain and *Tension* of the right *Hypochondre*, which extends to the *Shoulder*; *high-coloured Urine*; *Thirst*; *dry Cough*; *Hiccup*; *Jaundice*, &c. As *Resolution* is the most desirable termination, this must be attempted by free and repeated *Bleedings*; small *nitrated diluents*; *Clysters*; mild *laxatives*; and proper diet. But should *Suppuration* take place, the *Event* will be doubtful; unless the *Abscess* should be in *Contact* with and adhering to the *Peritoneum*; and then it may be discharged outwardly; or, by some *Communication* with the *Intestines*, may be carried off by *Stool*, which I have known to happen.

CASE

CASE of an ABSCESS.

A remarkable instance of an *Abscess* in the *Liver* came under my Notice. A middle-aged man was admitted into the *Hospital*, with a large Tumour in the right *Hypochondre*. Before this appeared, he had great pain in the *part*, with *Fever*, *Shiverings*, &c. He was now much emaciated, pale and *hectical*. He had been but a few days in the *Hospital*, when he was, one morning, seized with violent *Vomitings*, soon after which, the *Tumour* disappeared, the whole *Belly* became *swelled*; and after languishing two or three Days he died.

Upon opening the Body, I found a great quantity of *matter* in the *Abdomen*, which had been discharged from a large Cavity formed of almost the whole right Lobe of the *Liver*; the outer covering of which was the *Sac*, which was lined with a white *Substance* of some thickness, not much unlike
buff

buff leather. In the *Cavity* I found a great number of *Hydatids* of various sizes, from that of a large *Gooseberry*, to that of an *Apricot* or *Peach*. I had some of them *boiled*, but that produced little *Change* in them, except that the *Shell* seemed a little thickened, but the *Fluid* was like *pure Water*.

Schirrous Tumors in the *Liver* are not unfrequent, but are seldom discovered during the Life of the Patient, unless the whole *Viscus* be much enlarged, of which I have met with some Instances.

CASE of a SCHIRROUS LIVER.

Case—An elderly Man was sent to the *Hospital* on account of a pain at his Stomach and frequent Vomiting, by which he was become much emaciated. Finding that his Pain and Vomiting were constantly brought on by taking Food, he lived chiefly on small quantities of warm Milk, the Yolk of Eggs diluted with warm water with a little sugar, and things of this kind.

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The *Stomach* was suspected to be diseased, until death gave me an opportunity of discovering the Seat of the *Malady*. The *Stomach* appeared to be pretty sound; but the concave surface of the *Liver* which pressed upon it, had a number of hard white bodies like *Steatomata* in it; the *Apices* of which were *prominent*, and seemed capable of *irritating* the *Stomach* so as to occasion the *Symptoms*.

CASE OF DISEASED LIVER.

I take this opportunity of mentioning a case affecting the *Liver*, very different from the above.

Case—A youth of about eighteen years of age, was brought to the *Hospital* with a very large swelling of the *Epigastrium*, towards the right side. Upon inquiry, he told me that some weeks before, he had received a violent kick of a Horse, which gave him great pain. He could not tell me what had been done, but whatever it was, it did not prevent

prevent the Swelling, which by degrees increased so much, that he was at last advised to come to the *Hospital*. The *principal* part of the Swelling was, as I have said, on the right side of the *Epigastrium* extending to that *Hypochondre*. There was a very sensible *Fluctuation*, similar to what we feel in *Ascites*, but it was not perceivable below the *Navel*.

The case appeared to be very *unpromising*; so that I had no encouragement to meddle with it, but as without *discharging* the *Fluid*, nothing could be of use; and as it appeared to me, that it might be discharged with *safety*, though with little prospect of more than a little *temporary* Relief; even this consideration determined me to try it. I proposed its being done by the *Trocar*, which was accordingly passed into the most prominent part of the Swelling, and where the Fluctuation was the most *sensibly* felt; by which were discharged about two *gallons* of thin brown *Ichor*, not fetid, which seemed to have been contained in the Covering of the right *Lobe*

of the *Liver*, the substance of which was *dissolved*. The Patient was relieved by the Operation, and was upon the whole easier while he lived, which might be about fourteen days after he left the *Hospital*.

CASE OF MATTER DISCHARGED by STOOL.

Having occasionally mentioned the matter of internal *Abscesses* being sometimes discharged by *Stool*, I take this Opportunity to relate the case of a Patient, who had been afflicted several days with great pain in his *Belly*, which was much swelled, with great Tension, attended with *Fever*. His *Apothecary* in the country, had used very proper means, such as *Bleeding*, *laxatives*, *fomentations*, &c. but still the swelling continued; the Patient lost his strength, so that his life was thought to be in great danger. Such was the state of the case when I was sent for. In examining the *Belly*, and taking into consideration the attending symptoms, I suspected matter to be formed among the
abdominal

abdominal Muscles, but so deep that I durst not propose an opening then, but advised perseverance in the use of proper *outward Applications*, and in the mean time to endeavour to support the *Patient*. . About a week after, I had a letter from the *Apothecary*, informing me that the *Patient* had voided a large quantity of *Matter* by *Stool*, from which time he began to recover and did well. He had a *Return* of the complaint about two years after, which terminated in the same manner, since which he has continued well.

P A N C R E A S.

Having already mentioned its situation, I have only to add that being a true *salivary* Gland, its fluid has the same use in digestion as the *Saliva*; only being so very large, it is supposed to furnish *triple* the *Quantity*, that the other *salival* Glands do, of a thin aqueous, *insipid* Fluid, neither *acid* nor *alcalious*, which it pours into the *Duodenum*, at the

place where the *Bile* enters it. The *Bile*, which is of a more *viscid* Nature, is hereby *diluted*, and the mixture of both, with the Aliment descending from the Stomach, is promoted and chyfication completed.

Besides this *important* use of the *Bile*, it stimulates the *Intestines*, and promotes the descent of the *Feces*, which, when the *Ductus choledochus* is obstructed, is very much retarded.

CASE of SCHIRROUS PANCREAS.

It appears then that the *pancreatic Liquor* is so necessary to perfect *Chyfication*, that this must be imperfect when the *Pancreas* is diseased; an *Instance* of which, I had an Opportunity of seeing, in a poor Man who was admitted into the *Hospital* in a very languishing State. He had long suffered violent pain in the *Epigastrium* and *Stomach*; constant *Indigestion*; frequent *Vomitings*; *Costiveness*; *Thirst*, and slow *Fever*, under the
pressure

pressure of which, he at last was brought to the *Grave*.

Upon opening his Body, I found no particular affection of the *Stomach*, nor the *Intestines*, nor the *Liver*. But proceeding to the *Duodenum*, I found the *Pancreas* much enlarged, *schirrous* and *ulcerated*. Having discovered this, and being pressed for time, I was obliged to desist; not, however, without the satisfaction of having found out the real *Source* of the complaints.

J A U N D I C E.

The *Pori biliarii* in their progress towards the *Portæ*, joining their ramifications, form the *Ductus hepaticus*, which descending to the left, enters the posterior part of the *Duodenum*, at the bottom of its second *Flexure*, about six inches from the *Pylorus*. But while it is in the *Portæ*, it is joined by a similar but smaller *duct*, which is inserted
into

into it, under a very *acute* Angle, coming from the *Gall-Bladder*; hence it is called the *cystic Duët*. By this *Duët* the *hepatic* Bile is carried to the *Gall-Bladder*, whenever it is prevented, by any *obstructing* cause whatever, to pass by the *Duëtus choledochus* into the *Duodenum*; in which case, the *Gall-Bladder* is sometimes *enormously* enlarged.

It does not appear that the *Gall-Bladder* can receive the *Bile* any other way than from the *hepatic Duët*, by the *cystic*.

The *Bile* stagnating in the *Vesicula*, grows thicker and acquires a greater degree of *Bitterness*, and a deeper *Colour*; and in these *chiefly*, does it differ from the *hepatic* Bile, which is *less* bitter, *less* viscid, &c. And that this difference is produced by its stagnation is easy to conceive. But the great utility of the *Gall-Bladder* seems to be, its receiving the *Bile* when the *Stomach* is empty; and discharging it most abundantly by the pressure of the *Stomach* after a meal, to mix with the aliment as it passes into the *Duodenum*.

BILIOUS

BILIOUS CONCRETIONS.

By its stagnation in the *Gall-Bladder*, the *Bile* becomes not only *thicker*, but *Concretions* are formed of various forms and sizes. I once saw in the *Gall-Bladder* of a stout man of about *sixty*, bilious Concretions of a *cubical* shape, perhaps not exceeding the weight of two or three grains each, but in number more than *fifty*. I never understood that he had the *Jaundice*, or other complaint, but he had been in *prison* above a year. Could such numerous concretions have been formed during that state of *Inactivity*? A too *sedentary* life does undoubtedly favour the Stagnation and *Inspissation* of the *Bile*; which may in time form Concretions.

These Concretions stopping in the *Ductus choledochus* in the *Duodenum*, may occasion that species of *Jaundice*, which is preceded by violent pain in the *Epigastrium*, and straining to vomit; and which continues only a few

few days, and even goes off *spontaneously*; but which *frequently* returns, after longer or shorter *Intervals*. This is the case when the *Stones* are not very large; for when that happens, the *Symptoms* continue so long as sometimes to exhaust the Patient's *Strength*; which, however, has many times expelled them, of such a size as one would have thought that they could not possibly have passed.

The Jaundice being thus occasioned by viscid *Bile* or *Concretions*, is often very successfully treated at the first by *Emetics*. But these should not be immediately given, if the *Symptoms* should be strongly *spasmodic*. In that case, it is most adviseable to begin with the milder *Deobstruents* and *saponaceous* Laxatives, and in case of *Plethora*, to take away some Blood: and in due time *Emetics* may be more safely tried, and with greater prospect of *Advantage*. As to *specific Solvents*, I believe little dependance is to be had on any of them, because they can hardly ever come into contact with the *Stones*.

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The *Bile* in persons of certain constitutions and habits of body, as the *cold* and *phlegmatic*, and those as are subject to frequent *acidities*, seems to want *Energy*; hence arise *Indigestion*; *Cardialgia*; *Soda*; excess of *Mucus*; *Flatulosity*; sour *Erućtations*, &c. In such cases, after an *Emetic* and some warm laxatives, such as *Vin. Rhab. Vin. Aloes, Tinct. Sennæ*, &c. Bitters, especially *Aloetics*, (which will in some sort be a *Substitute* for the *Bile*) joined with *Tonics*, will be most advisable. In the mean time the Patient must use exercise on *Horseback*, and observe such a *regimen* of diet as the nature of the case requires, and which has already been recommended in cases of *acid Acrimony*.*

The *Jaundice* is sometimes occasioned by *spasmodic* constrictions in the *Duodenum*, from violent *emotions* of the *Mind*. In which case *antispasmodics* and *Sedatives* may be useful. In Children it is often occasioned by *acid* acrimony in the *Duodenum*, constringing

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* Vide page 100.

the ducts, and here *Magnesia* with *Rhubarb*, *Soap*, and other *Antiacids* are very useful.

AFFECTIONS of the SPLEEN.

I N F L A M M A T I O N.

Having endeavoured to explain the use and importance of this *Viscus*, according to the opinions of the most celebrated *Physiologists*; I come now to mention its *diseases*. These are, in general, similar to those of the other *Viscera*; Inflammation; Enlargement; Schirrosity, &c. Pain; Swelling and Tension of the left *Hypochondre*; Fever; difficulty of lying on that side, without *Nephritic* symptoms; are the most common attendants on inflammation: which is accompanied with more or less danger, according to the greater or less violence of the symptoms.

The

The treatment of this is so very similar to that of all other internal *Pblegmata*; that having already taken occasion to repeat it, over and over, more repetitions would be superfluous and unnecessary.

S P L E N A L G I A .

This too is mentioned by *Authors*, as an affection in which the *Spleen* is enlarged, attended with a *dull, heavy, tensive* pain, without *Fever*. But being a case that I have seldom met with, and never had an opportunity of verifying the nature of by dissection; for further satisfaction in this and many other affections of this *organ*, I must refer my reader to the incomparable *Morgagni*, where he will find several examples of the Spleen being so increased in length and its other dimensions, as to reach down to the *Hypogastrium*.

Of the I N T E S T I N E S.

E N T E R I T I S.

Having considered the principal *Chylopoietic* organs and their affections, I now proceed to the *Intestines*, which being of the same nature with the *Stomach*, and endued with great *Sensibility*, especially *Duodenum*, *Jejunum*, and *Ilium*; and exposed to various *irritating* causes *mechanical* as well as *physical*, they are also liable to similar *affections*, some of which are so dangerous as to require the most *serious* Attention. Such is *Inflammation*, the symptoms of which are *Pain* in the Belly, about the *Navel*, with Swelling and Tension; *Nausea*, *Vomiting*, *Costiveness* and *Fever*. To obviate the *fatal* Consequences of which, the Patient must be let blood freely and repeatedly; the *Abdomen* must be fomented *assiduously*, and continued, as the Patient can bear it; *emollient Clysters* must be repeatedly injected.

injected. The Patient must take *frequently* in small quantities at a time, chicken water, Barley water warm, with a moderate quantity of *Nitre*. He must also endeavour to get down, by *small* repeated doses a Solution of *Sal. Cathart. Sal. Rupellensis*, or *Soda Phosphorata*, dissolved in *Mint Water*; *Decoct. Tamarind cū Senna*, or *Ol. Ricini*, to procure stools. Should these be rejected, it may be adviseable to give the Patient 25 or 30 drops of *Tinct. Opii*, or *Opium*, gr. i. ii. and half an hour after, try the laxatives *again*. A warm *Bath* should, in the mean time, be getting ready. Should the *Constipation* of the Belly and Vomiting still continue, I should advise trial to be made of crude *Mercury*, which may be given in doses of *three* ounces, and repeated one or two hours after; or six, eight, or more ounces may be given at *once*. To a *Lady*, a patient of mine, some years ago, I ordered three ounces, to be repeated as mentioned. She took only a *second* dose, soon after which she began to have stools; having before taken
several

several *Laxatives* and clysters without effect, so that this success seemed due, in part at least, to the *Mercury*.

The *Mesentery*, and *Omentum* too, are susceptible of *Inflammation*, but how to distinguish that of those parts from each other, and from Inflammation of the *Intestines*? I should suppose the former would be less painful at least.

Whether the *Peritoneum* be inflamed, independent of the *Abdominal Muscles*, it is not easy to determine; but the latter we know are subject to Inflammation; the signs of which are *pain*, *soreness*, and *tension* of the *Abdomen*, especially when the *Muscles* are in *Action*, or the part is compressed, and *Fever*. After what has been said on the treatment of *Enteritis*, which is quite applicable to this; I shall only observe that as this *Inflammation* often tends to Suppuration, if that cannot be prevented, we must endeavour to procure the *discharge* of the Matter *outwardly*. For
should

should it open into the *Cavity* of the *Belly*, it might prove fatal.

I before mentioned the case of a Patient, who had an *Abscess* in the *Belly*, which was discharged by stool ; and he recovered.

COLICA—ILEUS.

The *Colic* is a pain in the region of the *Navel*, attended with vomiting and costiveness, and often with a sense of *Fullness* and *Tension* of the *Belly*, from *Air* pent up in a small part of the *Intestine* by *Constrictions* occasioned by *Irritation* from some kind of *Acrimony*. The *Nerves* being distracted, by the *Distension* of the *Bowel*, pain more or less severe ensues. This seems to be that *species* of *Colic* that is called *spasmodic* or *flatulent*, and is sometimes attended with *Retraction* of the *Navel* and *Spasms* of the *Abdominal Muscles*.

This

This disease often arises from overloading the *Stomach*, especially with a variety of things, hot and cold ; sweet and sour ; and seasoned with all the art of *Cookery* ; and then swallowing down a quantity of cold *Fruit*, *Creams*, *Jellies*, *Ices*, &c. with no less variety of *Liquors*. For from such *heterogeneous Mixtures*, the powers of Digestion are oppressed, *Fermentation* is increased, whence arise *flatulency*, *Distension* of the bowels, and *Pain*.

In such cases, two or three spoonfuls of *Brandy*, Spirit of *Juniper*, or *Nutmeg*, with a spoonful or two of warm water are often useful. But should it fail, the best Way will be to endeavour to discharge the load by irritating the *Fauces*, and drinking *Chamomile* tea, or warm water, and after having cleared the *Stomach*, give *Tincture* of *Rhubarb* and *Vin. Aloes*, a sufficient dose to procure stools.

Some stomachs are easily offended, particularly

cularly in persons subject to *gouty* and *nervous* Affections. They should therefore be very careful how they indulge themselves in eating *crude* Vegetables and Fruits.

A few years since, in the course of not many hours, a *Gentleman* died here of a violent *Colic*, brought on by eating too freely of *Sallad* and *Fruit* to Supper.

In all cases of *Colic* and *Ileus* we should ever remember to inquire whether or no the Patient have any kind of *Hernia*.

I L E U S.

This affection seems to differ from *Colic* only in degree. They being both attended with pain in the *Belly* and *Costiveness*, but in *this* they are to a greater degree. In this too the *Constipation* of the Bowels is more fixed, with constant vomiting of every thing that is taken down and contained in the

R. small

small *Intestines*. Even *Fæces* are brought up; but these, I suppose, may have been formed in the *Ilium*, which has been found, after *Death*, to contain solid *Fæces* in no small quantity. Not only *Excrements* are mentioned by *Authors*, as having been vomited up, but also *Clysters* and even *Suppositories*. But in *Ileus* with obstinate *Costiveness*, in which the *Colon* is supposed to be loaded with hard *Fæces*, this cannot possibly happen; the *Valvula Baukini* presenting an unfurmountable *Obstacle*.

We are told by some, indeed, that what they call *Bilious Colic*, which is accompanied with bilious Vomiting and loose Stools, does sometimes bring on the *Iliac* affection; and in *that* case there may be supposed a free passage from the *Colon* upwards; but admitting this, what reason then could be given for using a Suppository. Moreover, violent Vomiting and at the same time Looseness, are more properly symptoms of *Cholera*, than of *Colica* or *Ileus*.

SIMPLE

SIMPLE COSTIVENESS.

Though simple *Costiveness* is sometimes, and in some *Persons*, so habitual, as that they have a stool every third or fourth day only, yet enjoy perfect health; and though it may be considered as a sign of *complete* digestion in healthy persons; yet it is often very *troublesome*, and, if not attended to, is productive of *serious* consequences; occasioning *Hernia*, the *Piles*, and even *Death*. As happened to a *Gentlewoman* here, not many years since; in whom *Costiveness*, not being attended to at first, became in a *few* days so obstinate as to resist the utmost efforts of her *Physician*, a man of the *first* eminence, to relieve her; *Vomiting* coming on, and preventing all passage of the medicines downwards; so that she died about the *fourteenth* day without ever having the least *Fever*, merely from *Infarction* of the *Colon* with *Fæces*.

Persons of this habit, should endeavour

R 2

to

to accommodate their diet to prevent it, by eating Bread containing *Rye*,—boiled Vegetables, and ripe Fruits of all sorts, fresh and dry; and drinking *Malt* liquor, as small Beer, mild Ale, &c.

W O R M S.

The worms which infest the human body are ordinarily of three sorts, to wit, *Lumbrici*; both the *Ascarides*; and *Tænia*. To the first and second sort, children after being weaned, and young persons, are the most subject. *Tænia* chiefly affects grown persons; but they are likewise subject to both the other kinds. I have not yet mentioned *cucurbitini*, because I am inclined to consider them as parts of *Tænia*, as I never saw them in any Patient who had not the *Tænia*. Or may I be permitted to consider one *cucurbitinus* as the Parent of the succeeding ones, each of which produces its successor, which though entire and distinct from each other, yet

yet are by some sort of *Gluton* attached one to another, so as to form one continued band sometimes of wonderful *length*.

I have in my possession, a quantity of *Tænia* which was discharged by a woman, my Patient, at different times, by several yards at a time, amounting together to not less than *fifty* yards, which was not all that she had passed; several small portions and many single *cucurbitini* having been thrown away, before I desired them to be taken care of, as she had been ill some time before she came under my care. The symptoms she chiefly complained of were pain in the Bowels, *Faintness*, Nausea, &c. which with some others, would not have positively ascertained the presence of *Tænia*, had not the discharge of *cucurbitini* fully satisfied me, as to the true nature of her disease.

At the first I ordered her *cathartics* with *Calomel*; and on the intermediate days she
took

took *Elix. Aloes*, which relieved her for a time, but her complaint returning, I ordered for her an *Electuary* of *Rasur. Stanni*; *Conf. Rutæ*, and *Pulv. Aloetic*, by which, in a few days, her pains greatly abated, and after passing several *Portions* of *Tænia*, she was for some weeks free from pain or other complaint. A return of it, however, obliged us to have recourse again to the same means, which again relieved and finally cured her. I thought it, however, adviseable for her to take two or three doses of a *Mercurial Cathartic* as before, and to finish with some tonic Bitters.

L U M B R I C I.

Lumbrici affect Children and young Persons mostly, but persons of more advanced age are not wholly exempt. They inhabit chiefly the small *Intestines* and the *Stomach*; occasioning pains in the *Bowels*; *Paleness* of the *Face*; *Itching* of the *Nose*; *Bulimia*; *Spasms*;

Spasms; Fever, &c. They sometimes pierce through the *Intestines* and *Abdomen*; two instances of which I met with in two young *Persons*: in the one the Worm appeared at the *Navel*; the other in the *Groin*; each forming a small Abscess, from which they issued. They were alive. Both the *Patients* recovered.

The *method* of cure as mentioned above, will, in general, be of use here. Various other means there are, a detail of which I shall not enter into here; but just take notice of the celebrated *Swiss* remedy against *Tænia*, made public by order of the French *King*—the root of the *Fern*, *Polypodium*, *filiæ masculæ Linnæi*; but this I have not had occasion to try.

A S C A R I D E S.

These small *Insects* inhabit the *rectum*, and occasion intolerable *itching* in the *Podex*;
from

from whence they often creep out, upon the *Thighs*. The usual *Anthelmintbics* may be employed here with advantage; but in general *Clysters* made of a decoction of *Wormwood*, *Rue*, &c. with a moderate quantity of *Salt*; or of *Aloes*, succeed best. *Harrogate Water*, both drunk and injected has very happy effects.

After these it will be proper to purge away the *Fæces*, and finish the cure by *Tonics*, aided by *Aloetics*.

D I A R R H O E A.

In this Stools are very frequent, the contents of which are simply feculent; bilious; mucous; whitish or Chylous; or half digested Food; or *thin* and *bloody*; which *appearances* have given names to different species: hence *Diarrhæa biliosa*, *mucosa*, *cæliaca*, *Lienteria*, *Hepatirrhæa*. There are besides many symptomatic differences, as *Diarrhæa febrilis*, *Variolosa*,

riolosa, Artbritica, &c. Attention to these differences is of no small *Importance* towards forming a right method of *Cure*; which however is, in general, much the same in all.

As the most frequent causes of *Diarrhæa* are lodged in the *Stomach* and *Duodenum*; being either *acrimonious* substances taken down, or generated there by *Intemperance*; or *heterogeneous* mixtures, in eating and drinking; the *Cure* must be directed to the discharging the *acid* or *nidorous Crudities*, by drinking Chamemile tea, or warm-water; by *Emetics* of *Ipecacuanha*; and gentle purging with *Rhubarb*; *Magnesia*; *T. Rhab. Vinos*; *Vin. Aloes*, &c. which must be repeated if necessary. Should the *Diarrhæa* still go on, small doses of *Ipecac*: with xx or xxv gr. of *Conf. Opiata*, may be given twice a day. The Patient in the mean time drinking *Decoct. Corn. Cervi*. &c. His diet may be *Rice*; *Sago*; *Salep*, &c.—Externally, an *Epithem* of *Conf. Opiata* to the *Epigastrium* may be useful.

D Y S E N T E R I A.

Frequent *Gripping*, *mucous* and *bloody* Stools, *Tenesmus*, and *Pyrexia*, are the most common *attendants* on this disease. And as it, for the most part, depends more or less on the *Constitution* of the year, the *Season*, or some local *Disposition*, it is more or less prevalent, or *epidemical*, *contagious*, and *dangerous*. It is most frequent in *Autumn*. It begins with *Chillness*, and more or less of *Fever*, *Nausea*, and *slimy* or *bloody* Stools; while solid *Fæces* remain in the *Colon*, and by irritating the Gut, which may be supposed to be affected with some degree of *Phlogosis*, increase the pain and *incessant* want of going to Stool, so as to be mistaken for looseness. For this reason we ought to be particular in our *inquiries*, how the Patient had been, in respect to Stools, a little before and at the *Accession* of the disease; that if he had been disposed to *Costiveness*, we may by clysters and laxatives endeavour to

to remove the solid *Fæces* and *Scybala*, the retention of which would have bad effects.

Though this *Disease* is attended with *Pyrexia* and *Pain*, in which case bleeding the Patient may be sometimes adviseable, this must be done with *caution*. Clysters of *Decoët. pro Enemate*, Mutton water and the like, without any *Stimulants*, must be repeated often. In the mean time some gentle *Laxative*, as *Sal. Cathart.* *Sal. Rupellens*; *Soda Phosphorata*; *Decoët. Tamarind. cū Senna*, must be taken in small repeated doses, as the Stomach will bear, until any solid *Fæces* or *Scybala* that may lodge there, be removed. In case of the *pain* being violent, an *anodyne* will be necessary. Should it happen that there be but little of *Fæces* in the *Gut*, the method will be safe, and may carry off any acrimonious matters that might and often do, in these cases, *irritate* and *corrupt* the *Intestines*.

In *Epidemic Dysentery* there is generally more or less of Putrescency, and *sometimes*

to such a degree as to occasion very *fetid* Stools, with lumps of reddish or brown *mucous*, which is a sign of the Bowels being in a *putrid, gangrenous* State.

Some Cases of this sort I met with in the year 1758, when such a *Dysentery* was very frequent at *Hull*. In one especially, which proved mortal to a middle-aged man; these appearances were followed by a *total* cessation of Pain, but the Languor, *cold* Sweat, and *Hiccup* announced a *Mortification*, in which State, nevertheless, he lived two or three days longer than I expected. This case induced me to try the *Bark*, after having obtained a free passage by the means before mentioned, which I gave in *Decoction*, and occasionally with the addition of *Tinct. Opii*, which seemed to have a good effect. I must observe that the Bowels were in general so very tender in this *Dysentery*, as to be much irritated by very small doses of *Rhubarb*, in powder.

The

The Patient's diet must be *Panada*; *Sago*; *Salep*, and the like, seasoned with a little *Sugar*, *Wine*, and moderately acidulated with the juice of *Lemon*, *Chicken broth*, *Beef tea*, &c. The drink may be *Barley water*; *Toast water*; small *Lemonade*. The Patient must keep his bed, but the room must be kept temperately *cool*, and *ventilated*. It should also be *fumigated*, and sprinkled with *Camphorated Vinegar*. And in order to promote *Perspiration*, it will be adviseable to place *Bladders* or *Bottles* with hot *water* at a little distance from his *Feet*.

C H O L E R A.

Comes on with *Nausea*; *Anxiety*; *Gripping*; *Vomiting*, and frequent *Stools*, which are often very *bilious* and *sharp*, or *thin* and *watery*; returning so very quick and harrassing the Patient to such a degree, as to occasion cold *Sweats*; *Cramp* in the *Legs*; and *Syncope*. In some cases the discharges have been so
copious

copious, as to exhaust the Patient in a few *Hours*.

It has been observed to happen most frequently in *Summer*; and is occasioned by violent irritation of the *Stomach* and *Intestines* from *Acrimony*, either produced by improper diet; or taken down, such as drastic *Medicines*, and such as being improperly given, act as *Poisons*; eating ripe *Fruits* of some sorts to *Excess*; too great a quantity of cold *vegetables*, such as *Cucumbers*, have often brought on *Cholera*. The excellent *Morgagni** has related his own case, in which he tells us, that in the course of twelve *hours*, he voided by Stool eight quarts, at least, of *Water* almost limpid. His Stools were not very frequent, but copious—and he did not know what would have been the *consequence*, if warned by a troublesome *Nausea*, he had not by taking a draught of warm gruel, vomited very readily and with *success*, by
throwing

* De Causis et Sedibus Morborum, &c. Epist. 31. art. 9.

throwing up something green which looked like the leaf of a boiled *vegetable*, but whether it was so or not or how he got it, he could not find out. But the danger he had been in, appeared the next day in his *Face* and *Hands*, which appeared as thin as if he had been in a long *illness*: with great dryness of his *Mouth* and *Fauces*. These, however, and his *Lassitude* went off in a few days. The *Lassitude* might have been partly owing to the journey he was upon when the thing happened.

The cure requires *attention* to the different *Causes*, *Symptoms*, and *Times* of the disease. As *Nature* operates to the *expulsion* of the material cause, this must be assisted by drinking repeated draughts of *Chicken water*; thin *Water-gruel*, which will have the effects too of diluting and weakening the *acrimony*. In the mean time should the *violence* of the disease have brought on *Spasms*, cold sweats, and a tendency to *Syncope*, it will be necessary to obviate these *alarming* symptoms

symptoms by *Cardiacs* and *Anodynes*, given in moderate doses and repeated according to the exigency of the case. The Patient in the mean time must be supported by taking frequently small quantities of *Sago*, *Panada*, made of biscuit, seasoned with *aromatics*, and *Wine* or *Brandy* in decent proportion; and *Perspiration* promoted by the application of warmth to the *Feet*, or *Pediluvia* if the Patient can bear it. Should there remain any marks of *Acrimony* it will be proper to carry it off by gentle *Laxatives*, such as *Magnesia*, *Rhubarb*, &c. and then endeavour to restore the *Tone* of the parts by *Tonics* and *Bitters*. Externally *Aromatic Epi-
thems* and *Plaisters* are very useful.

*I L E U S S A N G U I N E U S, seu
H E M O R R H O I D A L I S.*

This is a symptomatic *Colic*, occasioned by *Plethora* in the *Mesentery* and the *Intestines*,
attended

attended with great *pain* and *oppression*, frequent *Vomiting* and *Constipation* of the Bowels; and sometimes *Hypochondriacism*; supposed to arise from *stagnation* or *fullness* of Blood in the *mesaraic* and *hæmorrhoidal* veins, thereby irritating the *nerves*, with which the parts are copiously supplied from the *mesenteric* and *hepatic Plexus*; and causing *spasmodic* affections such as a sense of pressure and pain under the *Ribs*, especially towards the right side; for the *Vena Portarum* doing the *office* of an artery but without its *contractile* powers, and without the support of *Valves*, the Blood at the same time passing from larger into smaller vessels, and being naturally thicker, its motion is retarded, and thus it is disposed to stagnate.

The treatment of this disease must vary according to the nature and violence of the symptoms, and constitution of the Patient. *Bleeding*, therefore, will in general be necessary, more or less, according to the strength of the Patient, and the *state* of the pulse.

T

Emollient

Emollient Clysters must be injected repeatedly, and a free passage downwards procured by mild *laxatives*. Should the *pain* still continue, it will be adviseable to try a tepid *Fomentation*, or *Semicupium*, and if he has before been subject, more or less, to periodical discharges of Blood by *Stool*, the application of *Leeches* to the *Anus* will be adviseable. In the mean time the *spasmodic* symptoms must be treated with mild *sedatives*, *Tinct. Opii*, *Sp. Ætheris Vitriolici*, *vel Nitrosi*; *Mistur. Camphorata*, &c.

HÆMORRHOIS—PILES.

The *Mesaraic Pletbora* is not unfrequently discharged by *Stool*, in which case the Blood is pure from *Fæces*, and in moderate quantity. It then ceases for a time, and returns again, and thus becomes periodical. Or the *Hæmorrhoidal* vessels in the *Rectum* become distended and burst, or form *Piles*, from which the Blood is discharged.

When

When the *Hæmorrhoidal Flux* is moderate it may be said to be *salutary*, by preventing the *mischiefs* occasioned by the *Plethora*.

But when it becomes *irregular, frequent, and too copious*, it either weakens and exhausts the Patient, or brings on *Cachexy, Leucoplegmacy, and Dropsy*. To prevent which, great *attention* on the part of both the Patient and the *Physician*, is to be had.

The *Piles* are often attended with great *pain, fullness*, and even *Inflammation*, so that Bleeding is sometimes necessary, with *emollient anodyne Fomentations, Cataplasms, and Liniments*. In the mean time the Belly must be loosened by *lenitives*, such as *Manna, Elect. c. Cassia, Fl. Sulph. lot.* assisted with emollient Clysters, if they can be admitted.

The abdominal *Viscera* that we have hitherto had under consideration, are of the utmost importance, their *office* being to prepare a *Fluid* which is to nourish the Body,

and supply the constant *waste* to which it is subject. When we consider the *Organization* of those *parts*, and of what *consequence* it is to preserve their *integrity*, and at the same time think of the ill effects of *intemperance* in eating and drinking; and of the incongruous and discordant *mixtures* that a luxurious *table* offers to a wanton, vitiated *appetite*, to heap upon the *Stomach*; instead of being surpris'd at their *frequency*, we ought to wonder that diseases of those *Organs* are not much more frequent: and we ought too to remember, that by *Temperance* they may often be prevented; but cannot by the most skilful application of the *Powers* of *Art*, be always cured.

SECTION IV.

SECTION IV.

On the URINARY ORGANS.

The KIDNEYS, &c.

HAVING done with the *Alimentary*, I proceed now to the *Urinary Organs*, the principal of which, the *Kidneys*, are subject to *Inflammation*, and from their *office* of secreting the *Urine*, are liable to concretions formed of its saline and earthy parts, which are attended with *pain*, more or less acute, from their irritating the *Kidneys*, *Ureters*, *Bladder*, &c. which being all lined with the same very sensible *Membrane*, *sympathize* in each others *affections*; and hence occasion some difficulty in discovering the real seat of the disorder.

INFLAMMA-

INFLAMMATION—NEPHRITIS.

Pain in the region of the *Kidney*, striking down towards the *Hypogastrium*; frequent making *Water* with *pain* or *strangury*, and *Feverishness*, are the usual *attendants* on this complaint. The *Urine* is sometimes pale, sometimes high coloured.

If the *Pulse* be *full*, it will be adviseable to bleed the Patient, to let him have an *emollient* Clyster; and drink plentifully of Barley water with *Manna* and *Nitre* dissolved in it, and frequently take two or three tea spoonfuls of a *Linctus*, made of equal parts of *Ol. Amygd. Muc. Gu. Arab.* and *Elect. Lenitiv.* If the pain continue violent, it will be adviseable for the Patient to go into a warm Bath, and continue there for half an hour if he can bear it; the degree of warmth, about 90, to be kept up by adding hot water from time to time.

Calculous

Calculous affections of the *Kidneys* and *Ureters* produce, in general, symptoms like *Nephritis*, particularly *vomiting*, but without *Fever*.

Instances, however, have occurred, where a *Stone* has been found in the *Kidney*, after *Death*, of which there had not been the least *suspicion* during life; having been, I suppose, always fixed and immoveable.

The *treatment* here is very similar to that of *Nephritis*, except that *Bleeding* may not be always necessary.

ISCHURIA Renalis et Ureterica.

This is a total suppression of *Urine* from some affection of the *Kidneys* or *Ureters*. The most frequent causes of which are *Calculus*; *Spasm*; *Plethora*; *Inflammation*; *Matter*; *coagulated Blood*; *Palsy*. It is a very dangerous case, and more or less so according
to

to the *Nature* of the cause. That which is owing to a fixed *Calculus* is very bad, and is, in general, *incurable*; though some have been cured.

A *total* suppression for the most part becomes *mortal* in *seven* or *eight* days, if the *Urine* be not discharged out of the *Habit* by copious *Sweat*, *Vomiting*, or by *Stool*: By some or other of these the *suppression* has been supported ten, twelve days, and even much longer in some cases, and the *obstruction* giving way, has been at last cured.

Ischuria occasioned by *Plethora*, is cured by *Bleeding*. The *inflammatory* is to be treated in the same manner, and the free use of *antiphlogistics*, and *sedatives* occasionally; which are useful especially in the *spasmodic*. The *paralytic* requires *blistering*; the good *effect* of which I have had occasion to observe in this and in similar affections of the *Bladder*.

ISCHURIA

ISCHURIA Vesicalis.

This is a total suppression of Urine in the Bladder, with *swelling* of the *Hypogastrium*; which is sometimes very large and *prominent*. It is attended with great pain, and *constant urgent Stimulus* to make water, and sometimes a dribbling of *Urine*, forced out by the *resistance* of the Bladder.

The causes are, in general, similar to *those* affecting the *Kidneys* and *Ureters*. But some there are peculiar to the *Bladder*, as the *Polyurica* or that from too long *retention* of the Urine; the *Cystoprocetica* or compression of the *Rectum* distended with *Fæces* or *Wind*; the parts thickened by *Inflammation*; *Abscess*; the *Piles*; and in the Sex, distension of the *Vagina* by accumulated *Menses* retained there by the *Hymen* being *imperforate*. The cure of these will vary according to the nature of the cause.

In all, the Urine must be drawn off by the *Catheter*; the *lower* Bowels must be emptied by *Clysters* and *Laxatives*; *Venesection* may be necessary, and *demulcent* drink moderately *nitrated*; *emollient Clysters* also *nitrated*, may be injected from time to time, with advantage.

ISCHURIA URETHRALIS.

The symptoms are the same here as in the preceding, with the addition of *pain* in the *Urethra*. The most frequent causes are tumours in *Perinæo*, *Calculus*, *Caruncles*, *Inflammation*.

DYSURIA.

This is a *painful* difficulty of making water, or strangury, the *different* species of which are owing to causes very like those that produce the different sorts of *Ischuria*. The method of cure is in general the same also.

DYSURIA MUCOSA.

Difficulty of making water, attended with great *pain* in the *region* of the *Pubes*, and a discharge of *mucous*, white or coloured. The Urine when first made appears *milky*, and by degrees, deposits a quantity of *mucous*, sometimes very *copious* and *inodorous*, so viscid and ropy as to be with difficulty separated from the vessel. This disease seldom happens to *persons* under *fifty*, and it has been observed, that they who have been most subject to *Hæmorrhoidal* complaints, and have at times made *mucous* or *bloody* Urine, are the most liable to this; which is supposed to depend on the *relation* or *connection* between the *Neck* of the *Bladder* and the *Rectum*; the vessels of the former which are numerous, communicating with the external *Hæmorrhoidal*.

Hence the disease has been by some called*

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Hæmor-

* Detharding, in illust. Halleri disput. pract. T. vii. p. 11. p. 775.

Hæmorrhoides Vesicæ Mucosæ. The same communication of vessels not taking place in the Sex, because of the *intervention* of the *Vagina*, is thought to be the *reason* that *females* are little liable to the complaint; though they be not wholly *exempt* from discharges *analogous* to these, *which*, however, are to be attributed *rather* to *suppression* of the *menstrual* than *hæmorrhoidal* discharge. If *Hæmorrhoids* of the Bladder should happen, they are easily distinguishable from the *renal bloody* Urine, the *Blood* being in *this* more pure and copious; but in the *former* more diluted, accompanied with *pain* and a reddish *mucous*, and sometimes with *Coagula* which obstruct the *Urethra*.

I have already said that the *viscid mucous*, which is so copiously from time to time, for it is not constantly discharged in this disease, but more or less by *intervals*, though not *periodical*, is in general *inodorous*. This want of *smell* and the *viscosity* distinguish it from *purulent* matter, as *this* may be diffused easily in the *Urine*, which it renders very *fetid*.

This

This disease is *chronical* and *difficult* of cure; the *Coats* of the *Bladder* become *thickened*, and can seldom be restored to their proper *Tone*. The cure, however, is to be *attempted* by endeavouring to lessen the *congestion* on the *Neck* of the *Bladder* and the *Spasm*, by such means as the *age*, and *constitution* of the Patient, and the *symptoms* indicate. If the *pain* be *very* violent; if the Patient be of a firm, full *habit*, and have been subject to the *Piles*, it may be advisable to take away some *Blood*, and to empty the *Bowels* by *emollient Clysters* and gentle *Laxatives*. Should there be any appearance of the *Piles*, it may be proper to apply *Leeches* to the *Anus*.

The diet must be *simple* and *mild*; *high-seasoned* meats must be *avoided*, as must also *heating* liquors; *Barley-water*, *Toast-water*, to which may be *occasionally* added, a *moderate* portion of *Wine*; mild *Malt liquor*, not much *hopped*, may not be amiss, as it is *laxative*.

HÆMATURIA.

H Æ M A T U R I A.

Bloody Urine is often caused by *calculous* concretions, which lacerate the Membranes of the *Kidneys, Ureters, or Bladder*, especially when put in *motion* by riding and other *violent* actions. It is *then* accompanied with *pain* in the *Back, Side*, or in the region of the *Bladder*, with *mucous* and *filamentous* Urine. It is not uncommon in *persons* advanced in years, especially *those* who have been subject to *Hæmorrhoids*, and in the *Sex* from *aberration* of the *Menstrua*.

Whether it proceed from the *Kidneys*, the *Bladder*, or the *Penis*, is not hard to determine, but in respect to the *Prognosis*, this makes no great *difference*. If the *Hæmorrhage* be *frequent* or *copious*, it is very *formidable* to persons of *advanced* age, to whom it often proves *fatal*: but even in *such* I have seen it have no *ill* consequences, but then it was very *moderate*. It is not unfrequently
caused

caused by *Plethora*, determined to the *Kidneys* by something occasional; it is then preceded by a *dull pain* in the *Back*, a sense of *heat* and a *total suppression* of the *Urine*. In this case *Bleeding* has very *happy* effects; as have also mild, demulcent, *nitrated* liquids and gentle *Laxatives*, which method is also proper in *calculous* cases.

D I A B E T E S.

This is an immoderate discharge of *Urine*, having the smell and *sweet* taste of *Honey*. The *Urine* in general appears *crude*, but without *sediment*. The Patient is *thirsty*; with a *dry* skin; loss of appetite; *wasting* of his flesh and strength, but this is *slow* and *gradual*.

The *idiopathic Diabetes* is said to be of two *species*, one of which *Mellitus*, is that described above; the other *Insipidus*, which is a *profusion* of *limpid* *Urine*, but *not* sweet. The former is the only *species* that has occurred

curred to me, of which I have seen two cafes in two perfons of middle age, one a *woman*, the other a *man*; in neither of whom could I trace the difeafe up to its caufe.

Systematic Writers attribute it to *preternatural relaxation* of the *renal fecretory Veffels*, giving *paſſage* to *half-aſſimilated Chyle*, on which ſuppoſition, perhaps, it has been called the *Nephritic Diarrhœa* and *Lienteria*. But this ſuppoſition does not account for that *particular* and *characteriſtic* mark of the difeafe, the *honey-like flavour* and *taste* of the Urine.

Relaxation of the *renal Tubuli* having been ſuppoſed to be a principal caufe of this difeafe, in order to remedy this, *Authors* have recommended the uſe of *Tonics*, as *Bark*, &c. And for drink, *Briſtol Water* with a portion of *Florence Wine*.

The celebrated *Mead* particularly recommends *Serum aluminatum*; taken to about a
pint

pint three times a day. Others have advised *Rhubarb* as having good effects in this case.

I have given *Serum aluminatum* with sensible advantage, advising at the same time a mild nourishing diet, consisting *principally* of Milk; and Milk diluted with *Bristol Water* for drink; to which may be added *Asses* Milk and sweet Whey, interchangeably.

SECTION V.

The U T E R U S.

THE *abdominal Viscera* that have been hitherto under consideration, are common to both Sexes. I come now to contemplate that very important *female* organ, by which the amiable Sex is formed, to bear, in obedience to Divine command, a *principal* part in the *perpetuating* of the Human race, the *Uterus*.

The substance of this organ is dense, compact, cellular, and succulent; in which there is an appearance of *muscular Fibres* upon its *Fundus*, especially in *Child-bearing Women*.

Its

Its cavity is somewhat triangular, but so small as to be incapable of containing more than a small almond. In its Neck are many mucous Sinuses and small Vesicles containing a limpid Humour. The *Os internum*, called *Os Tincæ*, is prominent in the *Vagina*, and full of mucous Sinuses. From the angles of the *Uterus* are produced the *Tubæ Fallopianæ*, which tend toward the *Ovaries*, to which they are connected by their jagged extremities. Both the *Tubes* and the *Ovaries* are comprehended in the broad *ligament*, and joined by an expansion of it, so long as to be free or loose.

The substance of the *Ovaries* is like that of the *Uterus*, firm, white, and cellular. In the *Ovary*, even of a *Virgin*, there are small round Vesicles formed of a pulpy Membrane filled with coagulated lymph, to the number of about twelve in each *Ovary*.

The Vesicle, about the time of *Puberty*, becomes surrounded by a yellow *Coagulum*,
X 2 forming

forming the *Corpus luteum*, hollow within, and containing an *Ovulum*, the seat of the future *Man*. These *Corpora lutea* are first observed after conception.

As it is not my purpose to attempt to unveil the mystery of *Generation*; what I have said being only meant to prepare the way for the better comprehending the *pathological* reasoning that may arise; I will only just observe, that the *Uterus* is supplied with Blood by a considerable branch of the *hypogastric* Artery, similar to the *vesical* Artery in Man. This, which is common to the *Uterus*, *Bladder*, and *Rectum*, forms *Anastomoses* with the *spermatics*, which have the same origin as in men, and are distributed to the *Ovarium*, the *Tubæ*, and the *Uterus*.

Another, the *Hæmorrhoidæ media* from the Trunk of the *Pudenda communis*, goes to the *Vagina*, *Bladder*, and *Rectum*. Besides these, the *Vagina* and *Clitoris* have Arteries from the *Hæmorrhoidæ externa*.

The

The veins are from the *Hæmorrhoidæ externa*, and from the *vesicalis*, forming a Plexus which goes to the *Clitoris*.

The Veins have no Valves, except a few in the *spermaties*.

The Nerves are from the lower *mesocolic Plexus*, which gives off large branches to the *Bladder*, *Uterus*, and *Rectum*. Hence all these parts, are very sensible.

M E N S T R U A.

In this state things continue until about the age of thirteen or fourteen, or later; when the Blood begins to receive a new impulse; the *Breasts* begin to swell and the *Menses* to appear. This appearance is preceded by various uneasy sensations, and dull pains in the Loins, in the head, and often pimples in the *Face*, &c. The small vessels of the *Uterus*, which before gave passage to

a *serous* Humour only, begin to be distended with, and at last to furnish *red* Blood for a few days ; the pains, &c. then go off, and the Vessels by degrees contract and give out only *Serum* as before. After an interval of uncertain length in young girls ; but by little and little, towards the end of the *fourth* week, the same appearances return, and this periodical evacuation is repeated, until about the *fiftieth* year ; with considerable variation, however, caused by the *temperament*, *diet*, and constitution of the subject.

That the menstrual Blood comes from the *Uterus itself*, I hope, I need not take up the Reader's time to prove ; reason and observation, both concurring to confirm it. The periods when regular, being *monthly*, have induced some to attribute this to the influence of the *Moon* ; but with how small a share of reason, must be evident, when it is known, that not a day passes in which that evacuation does not happen to *several* Women.

That

That it is owing to *Plethora* and not to any irritating *Ferment*, seems to appear from this, that in cases of retention, it makes its way by other organs, where no such *Ferments* can be supposed.

The *Plethora* seems to arise from this, that the Body having almost attained its full growth, more Blood is generated than is wanted. This surplus is, in *males*, often carried off by Bleeding at the Nose; but, in *females*, it finds an easier passage by the vessels of the *Uterus*, which being of a soft cellular substance, they are more easily extended, and open by fine exhaling vessels into its cavity, more freely than into the veins that accompany them. *Six* or *eight* ounces of Blood being thus discharged, the Arteries recover their elastic power; their extremities contract again and give passage only to the *serous* Fluid, until by degrees the *Plethora* is again formed by the same causes as before. Nor need we be at a loss to find a reason for this period being monthly,

as

as it depends on the proportion that is between the quantity and *Impetus* of the collected Blood, and the resistance of the *Uterus* which insensibly gives way. Hence its returns are more frequent when there is a greater quantity of Blood determined to the *Uterus*, as in the *plethoric* and *libidinous*. And they at last cease to flow, when the *Uterus* acquires such a degree of firmness as the force of the Heart, propelling the Blood, cannot overcome.

I have already taken notice of the symptoms that announce the near approach of the *Menses*, but some there are which seem to give notice of *this* though at some distance. Such are paleness of the *Face*, lassitude, weakness, palpitation of the *Heart*, from quick motion and other exertions, &c.

This state of young women demands great attention, and prudent management; in the *dietetic* part especially. They should not be too much confined, but have *sufficient*
time

time allowed for exercise in the open air, when it is proper; and for agreeable amusement. Their study must be adapted to their powers of Mind, which while it is usefully informed, must be agreeably recreated and polished by the elegant productions of *Genius*, so as not only to qualify them for the important *duties* they have to perform, but to render them agreeable and pleasing companions. Works of *Genius* are, however, to be properly and cautiously chosen, *Novels* especially, scarce any of which should, I think, be permitted at this *age*, for reasons it is unnecessary to mention. *What* I now say is in my own character; the rest I leave to the *Moralists*.

The symptoms mentioned above, seldom require much medicine, and insensibly go off. Should the Stomach appear to be loaded, a gentle *Emetic*; some *Bitters*; *Tinct. Aloes comp.* &c. may be useful; but the more active stimulants must be used with caution.

M E N S I U M defectus.

Though the *menstrual* discharge be natural to the *Sex*, and ought, and generally does, take place at the time of *puberty*, a little sooner or later, according to the constitution and circumstances of the *Person*; who, if it do not, seldom enjoys health; yet I have met with instances in young women of good constitutions, and who led active and laborious lives, who at the age of *eighteen* or *twenty*, had never had the discharge at all.

When it does not appear in due time, the person becomes indisposed; grows pale; listless; with pains in the Back; *Pica*; *Chlorosis*; *Cachexy*. If it happen to *adults* who have already menstruated frequently and in a regular way, the defect is then properly a *Suppression*. If it flow sparingly, and be attended with pain, it is said to be difficult, *Menorrhagia difficilis*.

The

The remote causes of these different *states*, are supposed to be *spasmodic* constrictions of the vessels, in persons of nervous habits: *Rigidity* of the vessels in women of *masculine* habits, and rather advanced in years; or *Relaxation* of the parts in persons who look pale, bloated, and who have the *Fluor albus* almost constantly; or a *laxity* of the muscular fibres, induced by a sedentary inactive life, which produces *stagnation* rather than *Suppression*.

Another cause of Suppression is *Pregnancy*, but this I should not have mentioned, as a cause of this defect, but with the view of observing the great *caution* that should be always used in our inquiries into these matters; not only in the cases of married women, where mistakes might have bad consequences; but especially in the unmarried, who are to be treated with the greatest *circumspection* and *delicacy*; as in cases of *Suppression*, they are liable to suffer, for a time, the most cruel and unjust reflections, from such mistakes.

CASE of ATRESIA.

One cause of this defect that came under my own notice, being not very common, I take this occasion to mention it. A young woman, of about twenty, came under my care in the *Hospital*, labouring under a total defect of the *Menses*, which she had never seen; though she had from time to time pains and other symptoms, that often happen about that *period*. She was treated with the usual *aperitives* and *deobstruents* for about three weeks without any advantage; at which I was much surpris'd; and being piqued to find my reasonable expectations of her receiving benefit, thus disappointed, I became still more inquisitive, and desired that the nurse would examine her more minutely. The real *cause* was now discovered, a compleat *Hymen*, in which, the *Surgeon* by a simple operation with a lancet, made an opening, and discharged about two pounds or more of a fluid, of a reddish colour, about the
consistence

consistence of treacle, and perfectly *inodorous*. She was thus perfectly cured, and left the Hospital two or three days after.

Defect of the *Menstrua* must be treated according to the nature of the remote *cause*. Spasmodic constriction, if attended with *Plethora*, will require Bleeding; emollient clysters; *Semicupia* and *nervine* medicines. *Rigidity*, as in women of strong habits and advanced years, will require a nearly similar treatment. But we must not forget that this discharge ceases sooner in some than in others; and that, therefore, *Stimulants* may not be always proper but often improper. Too great *laxity* of the habit from inactivity and a too sedentary life, which give occasion to congestion in the *Uterus*, must be treated with saponaceous *Aperitives*; *Aloctics*; the ferulaceous *Gums*; *Volatile Salts*, &c. moderate friction of the *Abdomen*; *exercise* in a carriage or on horseback. A *Semicupium* with aromatic herbs, has been here found useful. The *congestion* and load being removed,

moved, *Tonics*, as the *Cortex*, *Chalybeats*, and *Sea-bathing*, promise advantage.

I hope, I shall be excused for not having entered more minutely into the treatment of these cases, as a right discrimination of the nature and causes of *affections* of the *Uterus*, requires the aid of an able and experienced *Physician*, and to direct the cure.

Though the temporary cessation of the *menstrual* discharge, in a state of *Pregnancy*, be in general natural and necessary; it becomes the cause of various troublesome affections, such as *Nausea*; *Pica*; *Vomiting*; pains in the *Back*, *Thighs*, and *Legs*, &c. which symptoms gradually abate and mostly go off, about the third or fourth month. The *Catamenia* do not, however, always cease at once, but continue sometimes to return, in diminished quantity, for two or three months; nay I have known it continue, in some degree, the whole time, without any bad consequences.

The

The Vomiting proves often exceedingly distressing, and I have known it in two or three instances, so severe and constant, through the whole time of *gestation*, as that the woman was scarce able to retain any thing but pure water, so that she was reduced extremely low, but nevertheless did well.

Pains in the *Head*, *fullness* and pain in the *Stomach*, and straining to vomit may sometimes render *bleeding* necessary and proper in the *early* months; but this must not be done without great caution, especially in a more advanced stage; but of this more hereafter.

The *Menstrua* are often irregular, both in respect to their intervals, which are longer or shorter; and in respect to *quantity*, which in some is small; in others copious; and in those who are advancing towards the *final* period, sometimes *excessive*.

I may observe here, that there is sometimes

times a sort of an *hæmorrhoidal* discharge, from the veins of the *Vagina*, somewhat similar to that from those of the *Anus*. This may be even more abundant than the *menstrual* discharge, but is not, like that, *periodical*; besides, its being attended with *pain* too in the part, serves to distinguish it from the *menstrual*.

M E N S E S *devii.*

The *menstrual* discharge deviates sometimes from its natural and proper course, and makes its way at the *Stomach*, *Lungs*, *Kidneys*, *Bladder*, *Intestines*, and other outlets. These deviations are occasioned by spasmodic affections of the *uterine* vessels, excited by violent commotions of the *Mind*, and agitation of the *Body*; the application of cold to the extremities, &c. I have seen great quantities of pure blood thrown up by vomiting on such occasions.

CASE

CASE of *periodical HÆMOPTYSIS.*

A Patient of mine had a periodical *spitting* of Blood, which succeeded to a Suppression of the *Catamenia*, and observed the same periodical returns, about once in three weeks. It continued three or four days, in which time she discharged by a gentle cough, without pain, seven or eight ounces of pure blood, and then no more, until the next period. She was in the mean time well and free from the cough.

M E N O R R H A G I A.

This is an excess of the *menstrual* discharge, attended with pains in the Belly, Back, and Loins, and bringing on *Weakness*, *Fainting*, *slow Fever*, and *Cachexy*. It is not easily distinguishable from *Hæmorrhagia uterina*; this, however, is often more copious; is attended with more pain, and does not always happen at the stated periodical time.

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To

To this *affection* are most exposed, women of succulent and sanguine habits; of *florid* complexions, and who indulge in *luxurious* living; who lead *sedentary* lives; and lie too long in Bed. The method of cure, will require that, in case there be evident signs of *Plethora*, the quantity be lessened by *Venesection*, to the amount of seven or eight ounces, taken from the Arm; and this should be done eight or ten days before the expected *periodical* return. The food should be plain drest, and in moderate quantity. High seasoned and stimulant dishes must be avoided. Soups, broths, and other liquids, as food, should be taken in small quantity. The drink should be water with red *Port*, *Porter*, or water with a small portion of *French Brandy*. Tea, and other tepid potations must be taken with moderation. The Patient's bed should not be too soft, and for this reason a *mattress* should be uppermost; nor should she lie too long in bed, after having got sufficient rest and sleep. To these must be added,
exercise

exercise on Horseback before dinner ; walking in the open cool *air*, but avoiding fatigue ; and Sea or cold bathing. These *dietetic* rules well observed will be of great use ; and the cure will be further promoted by medicines of the *tonic* class ; such as *Cort. Peruvian* ; mild *Chalybeats* ; *Pymont* or *Tunbridge* waters.

MENORRHAGIA gravidarum.—ABORTION.

Abortion being a case of the most *interesting* nature, not only on account of the disappointment of parents and families ; but what is of yet greater *importance*, the danger into which women are sometimes brought by it ; the utmost attention and skill are here required.

It happens most frequently in the early months, at which time, though the danger

be not so great, still there is the disappointment.

It has been already observed that the *periodical* discharge sometimes continues, though in a diminished quantity, for two or three months after *conception*, and even longer. This, therefore, should be kept in *Mind*. But when this is not the case, the early symptoms of *pregnancy*, such as *Nausea*, *Vomiting*, a sensation of fullness, &c. being supposed to arise from *Plethora*, in consequence of the cessation of the *Menses*, have induced medical *Authors* to recommend Venesection, as being indispensably necessary, at this time, as *preventative*; but this, I think, in much too *general* terms; since it is a practice that ought not to be followed without very mature *deliberation*. Cases there may be, as well as *habits* and *constitutions*, that may require it, but these should be well considered, because there are reasons for thinking, that in some *Constitutions*, the tender and delicate especially; and
in

in the *latter* months of *Pregnancy*, instead of preventing, it has often been the occasion of *Abortion*. Such delicate women are also liable to it from very slight causes, affecting the mind or the senses, because of the debility and irritability of the *system*, not to mention external injuries to which *all* are more or less exposed.

When apprehensions of *miscarrying* take possession of the Mind, we must endeavour to appease them, by encouraging the *Patient*; and, as the Stomach may be disordered by acidity, especially if she be costive, it may be adviseable to give *Magnesia*, with or without a small addition of *Vin. Rhabarb*, or *Tinct. Senn.* to which may be added a few drops of *Tinct. Opii*, which may also be given as a sedative without the laxatives, if they should be thought unnecessary. By such gentle means the symptoms and apprehensions will be quieted and removed.

But if *Metrorrhagia* flooding should happen

pen about the seventh or eighth month, and become copious and continual, the danger will be very great and must prove fatal, without the manual assistance of a skilful *Accoucheur*.

Such a case happened two or three years ago, to Mrs. C. a very valuable woman, the mother of several children. The *Uterine Hæmorrhage* made its appearance very early, then ceased for a time, and returned again about the beginning of the sixth month. Mr. *Champney*, her *Accoucheur*, endeavoured, by the most approved means, and cautious management, to gain time and protract as long as he could, what, he foresaw, must probably happen. But towards the end of the same month, finding that she was daily losing strength, he desired a *general Consultation*, at which I was present. The result of which was that the *delivery* of the Patient appeared to be the only means of saving her life, and that as little more time as possible should be lost. This determination

termination agreed so perfectly with his own opinion, that not thinking it safe to wait for another day, he performed that difficult business, the same evening, with the most happy success. His Patient continued for some days in a very weak and critical situation, but by degrees grew better, and at last got well.

HÆMORRHAGIA UTERI.

Hæmorrhage of the Uterus, is, as has been said, a disease to which women who are not pregnant are liable. It is sometimes acute, sometimes chronical. The acute is often preceded by Lumbago, or Colic, Shiverings, &c. and is supposed to be owing to spasmodic affections of the vessels of the *abdominal Viscera*, excited by violent commotions of the mind, too great exertions of the body, &c. The chronical supposes also *spasmodic* strictures of the Viscera, and too great relaxation of the vessels
of

of the *Uterus*. They are *both* dangerous and difficult to cure; being very liable to return, and often fatal to women advanced in years, by bringing on Marasmus, Dropsy, &c.

The treatment of this differs little from that of other *Hæmorrhages* already mentioned, and may require *Venesection*; *sedatives* such as *nitrated* Emulsion with a small portion of *Camphor*, *Tinct. Opii*, and emollient Clysters, to which may be added *Tinct. Opii gutt. xxx.* to moderate the pain and strictures. On the supposition of too great laxity, the *Bark* has been found useful. Here, too, the utmost attention of a skilful and experienced practitioner is required.

F L U O R A L B U S.

This is nearly allied to the *menstrual* discharge, being derived chiefly from the same source, and to which it often succeeds and
seems

seems to stand in the place of. It affects those most who have before had the *menstrua* most copiously, and who lead inactive, sedentary lives; hence they are generally pale, often bloated and cachectic.

But beside what may be supposed to be derived from the vessels of the *Uterus*; there is no small part that has its source from the muciferous Sinuses about its neck and the *Os internum*, and a yet more copious one from the *Vagina*. Hence it will require no small attention in order to form a just notion of the nature and true source of the discharge. The serous Humour that is supposed to come from the uterine vessels, appears mostly about the *periodical* time, preceding or succeeding the *Menstrua*; that which is of a mucous nature, from *Os internum* or the *Vagina*. And though these may be sometimes discoloured, yet they have not in themselves any ill quality. On the other hand, when the discharge is of an unnatural colour, fetid, and attended with

A a

sharp

sharp pain or smarting, *Ulceration* somewhere is to be suspected, the nature of which must be carefully investigated. *Sapienti sat.*

The medicines proper in these cases, are in general such as tend to correct the *Leucoplegmatic* habit and strengthen the Solids. Moderate purging with *Rhubarb*, aided with a small portion of *Pulv. Jalap*, may now and then be adviseable to carry off part of the redundant humidity; and in some cases it may be very proper to add a little *Calomel*. In the mean time *Bark* with *Aromatics* and *Chalybeates* will be very beneficial.

The Patient must be sparing in the use of small tepid liquids, such as *Tea*, *Broths*, &c. and may eat *Mutton* and *Beef*, in preference to fowls or chickens. For drink, *Porter*, *Port* and *Water*, and the like. Exercise; friction, and Sea bathing will be useful. Warm rooms, and lying too long in Bed, must be avoided.

SECTION VI.

TUMORES ABDOMINIS.

SOME particular affections of the *abdominal Viscera*, have been already taken notice of, I come now to observe that the whole *Abdomen* is sometimes tumefied to a very great degree. This swelling is in some cases tense and elastic, without Fluctuation. Such is *Tympanites*, which is supposed to be occasioned by *Air*, distending either the stomach and intestines, or contained in the general cavity of the *Abdomen*.

This swelling sometimes appears in the *Hypogastrium*, about the seat of the *Uterus*,
A a 2 and

and is then called *Phyſometra*. That which is attended with *unelaſtic* Tenſion and *Fluctuation*, and is the moſt common of all is *Aſcites*; and when it is in the *Hypogaſtrium*, *Hydrometra*, or Dropſy of the *Uterus*.

There is yet one more general ſwelling of the *Abdomen* that appears at firſt partial, increaſes gradually without *Fluctuation*, but preſenting to the touch, a ſolid, heavy ſubſtance of greater or leſs extent, owing to the enlargement of the *Liver*, *Spleen*, *Meſentery*, *Omentum*, or *Inteſtines*, which laſt have been found conglomerated together in ſuch manner as to form one large inform maſs.* This ſolid enlargement of the *Abdomen* has obtained the name *Phyſconia*, of which many *ſpecies* and *varieties* are enumerated by *Noſologiſts* and collected by the learned *Cuſſon*, commended by *D. Cullen*, as being *ſummæ ad Pathologiam utilitatis*. But as the caſes are in general incurable, I ſhall paſs on to ſuch

* V. Morgagni, Epiſt. 39. n. 26.

such as, though frequently incurable, do yet admit of palliation, and sometimes of cure. Such are Watery Tumours, or Dropsies.

H Y D R O P S.

The most common kinds of watery or dropfical swellings are *Anasarca*; *Ascites*; *Hydrops Pectoris*; *Hydrocephalus*, &c. for the several species and varieties of which I must beg to refer to the accurate *Cullen's Nosologia Methodica*.

Anasarca may not, always, be justly attributed to diseased *Viscera*, as it very often happens from *evident* causes; such as excessive *Hæmorrhages*; drinking immoderately of water, when exhausted with heat and fatigue; as often happens to poor labourers in the fields; such also as are employed in draining of marshy grounds, and who often work whole days in water, and are obliged to subsist on poor diet, and seldom drink any thing but water, or some small
vapid

vapid liquor. Of such cases, I have had the mortification to see several, as they often prove very difficult of cure; the *tone* of the solids being so greatly impaired, and the Blood become so thin and watery, as the most powerful *tonics*, with the assistance of the most proper diet, cannot always restore.

I have seen more than one instance of labouring men, in *Peripneumonic* affections, who had been brought into this state by being injudiciously *bled* to such excess, as to be, with difficulty restored to health.

The indication of cure requires warm *Cathartics*, with *Pulv. Jalapii*, which in general has very good effects. This should be repeated once in four or five days, and on the intermediate days, I should advise *Tonics* and *Stimulants*, and such things as tend to warm the general habit; for which purpose also the diet must be rather generous, and a reasonable quantity of *Wine*, *Porter*, or *Ale* be allowed,

For

For the purpose of discharging the stagnant *Serum*, I have known Veficatories have good effects; not merely by evacuating the fluid, but partly by rousing the action of the muscular fibres. Scarifications also have their advantages; but as they are sometimes attended with untoward consequences, they are not to be had recourse to without the most circumspect attention and estimation of the patient's state of body, complexion, &c. and a retrospect to the origin and causes of the disease; for the attempt should not be made without some reasonable ground of *Hope* of the patient's receiving some durable benefit, and of escaping the accidents that sometimes supervene: least after being flattered for some days with a speedy recovery, by a promising discharge, he should when it ceases, have the mortification to see the swelling return, with increase of weakness; or that the scarified part should inflame, which might be followed by the most serious consequences; for which reason the scarifications should be made, and attended to by an able, judicious surgeon.

ASCITES.

A S C I T E S.

This being an enlargement of the *Belly*, from a collection of extravasated fluid, either in the general cavity only, or in some *cyst*, or in *hydatids*, may be considered as a simple or as an encysted *Ascites*; both which are more or less owing to diseases of the *Abdominal Viscera*; and on this account are mostly incurable. For that they are not absolutely so, I know by my own experience. Diseases of the *Liver*, *Spleen*, or *Mesentery*, are often discoverable by the *touch*, as well as by other symptoms; but as the part affected is not always the object of our *senses*, we are sometimes at a loss how to determine.

In the simple *Ascites* the belly swells gradually, and sometimes slowly; it is not always preceded by *Anasarca*, but as the swelling of the belly increases, the *rest* of the body wastes; it is attended with almost
insatiable

insatiable thirst; sometimes *hectic* heat and high-coloured urine, which deposits a pink coloured sediment: and this is, I believe, an almost certain sign of diseased *Viscera*.

As the swelling and tension increase, the skin shines, grows thin, and the fluctuation becomes more and more palpable; the patient now complains of pain in his loins, which grows very troublesome, owing, as it seems, to the distension and weight of the *Abdomen*.

The cure of this disease requires the expulsion or discharge of the extravasated fluid, for which purpose *Authors* have recommended strong *cathartics* and *drastics*, such as *Jalapium*, *Gumbogia*, *Elaterium*, *Antimonials*, &c. which so far from being useful, in my own opinion, often do more harm than good in this case. To these I *should* prefer *Diuretics* if they could be depended on; but little is to be expected from the most powerful of them; unless the patient

be allowed to drink freely of some small acidulated liquid, to which more perhaps is to be attributed than to the *Specific*.

The solution of *Cremor. Tartar.* has had good effects, and it is very pleasant and refreshing, when the thirst is urgent, which is often the most troublesome symptom of all that the patient labours under. And yet among other cures, that by a total abstinence from *all* liquids, is said to have been successful; but I believe the instances of its success are so very few, as to give little encouragement to persevere in so *trying* a course.

As a *diuretic*, *Tinctura Nicotianæ* has been tried with considerable success, by my worthy friend, the ingenious *Dr. Thomas Fowler* of *Stafford*. I had opportunities of trying it in a few cases of *Anasarca*, in which I generally found it to increase the quantity of Urine considerably for some time, and did more perhaps than any thing else would
have

have done, but the cases were too bad to admit of cure.

Digitalis purpurea, so much commended by the ingenious *Dr. Withering*, I have not tried.

Upon the whole, I am of opinion, that when the *Abdomen* is much distended with fluid, the most easy way of taking it away, is *Paracentesis*, as it does no violence to the constitution; and should it not prove effectual in curing the patient, it affords great relief; and I believe the *repetition* would be less formidable to many patients, than a long continuance of most of the other means that have been recommended. But it does sometimes cure the disease, as I have seen in more than one instance.

CASES of ASCITES cured by TAPPING.

One of which was a Patient in the *Hospital*, who had the operation performed twice. After the second operation he did

not fill again, while he remained in the *Hospital*, nor did I ever hear of its returning any more. But though he had the disease, his complexion was good; he had no *cachectic* appearances, nor any thing that I much disliked, except that the Urine had a *red* sediment, which I have often observed where any of the *Viscera* are diseased. But if they were so, it may be supposed here to have been not to any considerable degree.

Another instance of cure by *Paracentesis* was in the case of an unmarried Lady, about forty years of age, who had laboured under an *Ascites* for above twelve years; in the course of which time, she had been under the direction of several *Physicians* of eminence, none of whom thought *Paracentesis* advisable; so that after trying all sorts of things, both internally and externally, she left every thing off, and for several years did nothing at all. Being attacked with a pain in her side, she desired my assistance. As I had not seen her before, I out of curiosity,

fity, took some notice of her other complaint, which she gave me some account of. She permitted me to lay my hand on her body, covered as it was by her cloaths; through which, however, I thought I perceived a *fluctuation*. She was induced, by what I observed, to remove part of her covering; and I then was confirmed in my *conjecture*, and told her, that her case must have been much changed, since she had been told that it was not a proper one for tapping, for that I could assure her, that the *operation* was not only practicable, but would probably give her great relief; for she was now become so large, and the *Abdomen* so prominent, as to be extremely troublesome to her. But I, at the same time, desired she would let me consult with the late eminent *Dr. Dealtry*. The *Doctor* was so good as to meet me, and perceiving the change which had taken place, since he had last seen her, which was some years, he agreed. that the *operation* should be performed, which it was the next day by the late

late *Mr. Fell*, and by the precautions taken, the Patient bore the *whole* to be taken away at once; and was in a few days almost well. *Seventy-nine* pints of a fluid as transparent as pure water were measured, so that there had been not less than ten *gallons*. I desired some of it might be made to boil in a clean vessel; it became frothy, but had no appearance of containing any thing *coagulable*. She survived the operation several years, and died at last of an illness, in no wise allied to *Dropsy*.

I have been the more particular in relating this case, and the appearance of the fluid, because it had been imagined, that from its long stagnation there, it must have become so *viscid*, or *encysted*, as that it could not be discharged by the operation.

CASES of diseased OVARIES.

As the *Liver* and the *Mesentery* are the Organs most frequently found diseased, in
these

these cases, in Man; the *Ovaria* are the most so in *Women*, which I have had opportunities of observing in two or three cases: in one of which, before the *Abdomen* became too much distended, the enlarged *Ovarium* on the right side, was plainly to be felt; but as the swelling increased, the Belly became uniformly swelled. The *fluctuation* was perceptible enough, but its undulation was sluggish. The *operation* at last became necessary, for the *ease* of the Patient. The fluid, which was in quantity about sixteen pounds, was of a dirty dark colour, mucous and quite ropy. The swelling came on again, but slowly, however the *operation* was again to be performed, and the same conditioned fluid was discharged. Some days after, she was seized with a Fever of which she died. On opening the body, I found the right *Ovarium* very much enlarged, and a great part of it *schirrous*; what was not so, had suppurated and contained a mucous matter, much like that which had been discharged.

In another *similar* case, except that the fluid was whiter and more *purulent*; the Ovary was much larger, having formed a large *Cyst*, and its substance was dissolved into matter.

I have seen many *varieties* in the appearance of the fluid, sometimes perfectly limpid, sometimes ferous; sometimes it has deposited *Pus*, or *Mucus* of different colours, which last are owing to diseased Viscera that have suppurated.

The limpid and ferous are probably owing to diseased *Viscera* too, by compressing and bursting the *lymphatic* and *serous* vessels.

When the matter discharged is of such a complexion as to give reason to suspect some of the *Viscera* to be in a *schirrous* or *ulcerated* state, the operation can only be considered as *palliative*, and therefore should be put off as long as possible, that is until the uneasiness it gives the patient render it necessary and unavoidable.

SECTION VII.

HYDROTHORAX.

HYDROPS PECTORIS.

THE Dropfy of the Breast may originate from causes that occasion *Anasarca*, *Ascites*, and other Dropsies. But it may also be supposed to arise from *obstruction* and *inflammation* of the Lungs; which it has by dissection been so often found to accompany; that it is not likely that the Patients should *all* have laboured under *Hydrops Pectoris*, before the *Peripneumonia* came on. And, indeed, if we only consider what would follow if the motion of the great quantity of Blood, which is continually passing through the Lungs, become greatly retarded; it will not be hard to admit, that some of the lym-

phatic or ferous part may transfuse and be separated from the rest. The fluid thus out of the course of the circulation, may also furnish the matter of those various concretions that are found floating in the extravasated Serum; and on the surface of the *Heart*, and the inside of the dropical *Pericardium*. *

The symptoms of *Hydrothorax* are *difficulty* of breathing, especially in a decumbent posture, hence sudden starting up from sleep, with hurry and palpitation. But this must not be looked upon as a *Pathognomonic* sign, nor does the absence of this symptom afford any certainty of the contrary. A sense of weight upon the *Diaphragm*, like being tightly girded; the Face pale and bloated; the Feet and Hands too, sometimes, *oedematous*; the Urine in small quantity; Thirst, and sometimes a dry Cough, are among the symptoms, some or other of which attend this disease. The *Prognosis* is, in general, very unfavourable.

The

* V. Morgagni Epist. L. 11. Ep. xx. art. 34. et sequent.

The cure is to be attempted by means, similar to those employed in the cure of *Anasarca* and *Ascites*. But in this case, *Paracentesis* of the *Thorax* and, *si Diis placet*, the *Pericardium*, which some Authors have had the hardiness to recommend, must be a very desperate remedy, especially for that of the *Pericardium*.

And even that of the *Thorax* alone, if we consider what, in this case, must be the state of the parts *contained* in it, the operation ought not to be attempted at all, if the Physician would avoid “*Subire speciem ejus ut occisi quem sua sors peremit.*” * Though *Hippocrates* † himself has pointed out the manner of performing it. Unless he should prefer the spirit of “*Quos Ratio non restituit temeritas adjuvat.*” ‡

Hydrocephalus internus having been noticed, when our thoughts were employed on the Brain: there remain only *Hydrorachitis*, *Hydathrus*, and *Hydrocele*; but these I must leave to the care of Surgeons, to whose province they more properly belong.

* Celsus Lib. v. ch. 26.—† Epidem. Lib. iii. ch. 17.

‡ Celsus Lib. iii. ch. ix.

THOUGHTS, &c.

BOOK IV.

SECTION I.

PYREXIÆ—FEBRES.

THOUGH Fevers are the most common of all diseases, yet they vary so much in their types, causes, and cure; their symptoms are often so complicated, and they are so frequently accompanied by other diseases, as to demand our utmost attention and circumspection.

The character of *Pyrexia*, according to the accurate *Dr. Cullen*,* is not any one symptom,

* *Nosologia Method.* vol. 11. Cl. 1. et subjunctam notam.

symptom, as a quick pulse, or encreased heat, but a concourse of several, as *horror succeeded by a more frequent pulse ; the functions more or less impaired, and the strength of the limbs diminished.* And though it may be objected, that *Pyrexia* happen sometimes without any previous *horror*, and others without *acceleration* of the pulse or *increase* of heat, yet this happens so very rarely as not much to affect the *character* here given.

The frequency of the pulse and increase of the heat seem to be owing to too frequent contraction of the Heart and Arteries, and to the increased attrition, and effervescence of the particles contained in the Blood. The more frequent contraction of the Heart, seems to be owing to *stimulus* ; for the Heart being composed of muscular fibres that are *peculiarly* irritable, the remoter cause of its spastic affection is *irritation* ; and as the irritating cause is in the circulating fluids, they must be more
or

or less saline and acrid, even *naturally*, and in a state of health, since the circulation of the Blood is in part occasioned by that stimulus, and not merely mechanical.

And though the fluids in health are neither acrescent nor alkalescent but *subsaline*, yet they have a tendency to alkalescence and putridity, and, in diseases, become sometimes very acrid, as appears in the discharges by sweat and urine; the last of which I remember to have found, in a patient of a scorbutic habit labouring under a *Typhus*, though fresh made, to have an alkaline smell and even to effervesce with Vinegar.

This tendency to putridity is greater or less, according to the nature and violence of the Fever; the habit and constitution of the patient; the season and constitution of the year; the exciting causes, &c.—

Fevers may be considered under two general divisions, Intermittent and Continual.

The

The intermittent Fever consists of several paroxysms with intervening *Apyrexia*, or sensible remission and exacerbation, preceded by shivering, and occasioned for the most part by putrid *Miasmata*, exhaled from marshes, stagnant lakes, ponds, &c.

FEBRES INTERMITTENTES.

Of intermittents the most common are the *Tertian*, *Quartan*, and *Quotidian*. The paroxysms of *Tertian* return every day, coming on generally before noon, and taking up about twelve hours, succeeded by compleat *Apyrexia*. This is said to be *legitimate*. If the paroxysm be extended beyond twelve hours it is called *Tertiana notha*, or *Spuria*. If the fit return every day with unequal paroxysms, but the *alternate* ones alike, it is *Tertiana duplex*. If the fit return on alternate days, but with two paroxysms on the one, it is *Tertiana duplicata*. If it return daily, but with two paroxysms on one day,

plex.

and but one on the other it is *Tertiana triplex*. If it return daily, but have a longer remission between the uneven and even days, *imparibus et paribus diebus*, than between the even and uneven, *paribus et imparibus*, it is called *Semitertiana*, and comes very near to be remittent.

Beside these typical differences, it has symptomatic varieties. If it be attended with *comatose* affections, it is termed *Tertiana Carotica*; *Hemiplegica*, *Soporosa*, &c. If with spasmodic affections, *Tertiana Epileptica*; *Hysterica*; *Asthmatica*; *Tetanodes*.

If accompanied with eruptions, *T. Petebialis*; *T. Scorbutica*; *T. Urticata*. If joined with *phlegmasia*, *T. Pleuritica*; *T. Arthritica*; *Pleuritis periodica*. If complicated with other diseases, *Tertiana Scorbutica*; *Tertiana Verminosa*.

If instead of *Apyrexia* there be a remission only, it is called *Tritacophya*; *Hemitritæa*;
Tertiana

Tertiana remittens and *continua*; *Tertiana subintrans*; *subcontinua*; *Torti et aliorum*.

Some of the principal Tertian Remittents are the following, *Causos*, Hippocratis.—*Febris ardens*, Boerhaave.—*Morbus*, Hungaricus.—*Febres epidemicæ*, Willis.—*Syneches epidemica*, Morton.—*Febres Autumnales incipientes*, Sydenham.—*Febres Castrenses et Paludum*, Pringle.—*Putrida Epidemica*, Huxham.—*Febres Cholericæ*, Hoffmanni.—*F. Biliosa Lausan*, Tissot.—*Continua remittens*, Hillary.—*Febris remittens Indiæ orientalis*, Lind.—*Tertianæ perniciosæ iet Pestilentes*, Lancisi, &c. &c.

FEBRIS QUARTANA.

In this the paroxysms return every fourth day, and the Fit comes on generally in the afternoon.

The legitimate Quartan has one paroxysm only, every fourth day. *Quartana legitima*,
D d Sydenham.

Sydenham. If it have two paroxysms every fourth day, and none on the other, it is *Quartana duplicata*. If it have three paroxysms every fourth day, and none on the other days, it is *Quartana triplicata*. And that which out of four days, has only one free from Fever, and the paroxysms every fourth day, similar, is *Quartana duplex*.

The Quartan which comes every day, with the paroxysms every fourth day, similar, is *Quartana triplex*.

Besides these, Quartan has symptomatic varieties, as follow, *Quartana comatosa*, Werlhof—Piso.—*Qu. Epileptica*, Morton.—*Qu. Amens*, Sydenham.—*Qu. Splenetica*, Etmuller.

This Fever is also complicated with other diseases, as *Quartana, Arthritica*—Musgrave.—*Arthritis febricosa*—Werlhof.

Sometimes Quartan is remittent only,
then

then called *Quartana remittens*; *Tetartophya simplex*; *Tetartophya semitertiana*, Sauvages.
 — *Tetartophya Carotica*, Werlhof. — *Tetartophya hepatalgica*, C. Pifo.

ERRATIC FEVERS.

These are thought to be either *Tertian* or *Quartan*;

Erratica Quartana, Van Swieten.

Erratica Septana, Boerh. V. Swieten.

Septimana, Morgagni, *cum multis aliis*.

QUOTIDIAN.

This Fever comes on every day, generally in the morning. When the accession is at the same hour every day, it is *Quotidiana simplex legitima*. When it affects some part only, of the Body, it is said to be partial, as *Quotidiana Cephalalgica*, Morton. — *Cephalalgia intermittens*; *Quotidiana ophthalmica*, Morton.

Quotidian is sometimes accompanied with other affections, as *Quotidiana Ischiadica*, Ed. Eff.—*Quotidiana nephralgica*, Morton.—*Quotidiana Epileptica*, Ed. Essays,

QUOTIDIAN REMITTENTS.

Quotidianæ remittentes et continuæ Auctorum, Amphemerina.

Some are vespertine or symptomatic, as *Amphemerina Catarrhalis*, *Anginosa*, *Tussiculosa*, *Arthritica*, &c. &c.

This shortened abstract of the different types and varieties of intermittent Fever, I thought might be acceptable to the Reader, but for a more compleat detail I must refer him to the celebrated *D. Cullen's* very useful work, *Nosologia Methodica*, v. II.

CURE.

As intermittent Fevers appear under such various forms, in order to discover their
true

true nature, we must be particularly attentive to their types, varieties, and concomitant affections; to the constitution of the year; the seasons, their anomalies and prevailing diseases.

We have already observed that the most common cause of intermittents is from the exhalation of putrid *Miasmata*, from marshy grounds and stagnant waters, which are often infected with putrid animal effluvia. Their cure will, therefore, require change of situation, which is often alone sufficient, and without which other means will prove ineffectual.

A pure legitimate *Tertian* will sometimes go off, after a few paroxysms, by only observing a proper regimen, without any medicines. And indeed when the symptoms are moderate, it may be safely left to nature. But if it should be attended with great heat, head ach, or other violent local pain, and *Plethora*, the patient must loose blood; his
bowels

bowels must be emptied by clysters, and gentle laxatives; and then saline febrifuges, and cooling, diluting liquids, will be the most adviseable.

After which, the *Bark*, if it should be thought necessary, may be given to advantage. For though it is in itself perfectly safe, yet as it is so powerful a *febrifuge*, if the paroxysms be not accompanied with any alarming symptoms, it is best in general, not to begin with it too soon, least it should *suppress* the febrile commotion, which might have removed incipient obstructions in the *Viscera*, a circumstance that should be duly considered.

Though the legitimate *Tertian* be neither dangerous nor very difficult to cure; yet when *Epidemic*, it is sometimes attended with such *alarming* symptoms; or the paroxysms are so lengthened, and the remissions so short, as to degenerate into *continual*, and endanger the life of the patient.

Of

Of symptoms accompanying *Epidemic Tertian* the soporous or comatose are very formidable; especially in persons advanced in years; who are the most liable to this Symptom, though instances are not wanting of younger Persons having been thus affected.*

Drowsiness sometimes comes on early, and the patient wishes to sleep; sometimes he speaks imperfectly, one word for another, as if the Tongue were slightly paralytic. Here we must be upon our *guard* lest the *Somnolency*, which increases with succeeding paroxysms, should about the third or fourth become *Carus*, and the patient at last die *apoplectic*, which fatal issue can *only* be prevented by putting a stop to the Fever.

If the Physician should be called in during the paroxysm, and find the patient to have *comatose* symptoms, but in a moderate degree, he must endeavour to promote the
Crisis

* Morgagni Lib. iv. Ep. 1. Art. 30. et seq.

Crisis of the Fit, by ordering him to drink freely of small diluting drink moderately acidulated, which will abate the heat, thirst, and tendency to putrescence.

In the mean time the drowsiness *must not* be indulged. *Vesicatories* must be applied to the legs; which will take effect on the decline of the *paroxysm*; some blood must be taken away, if the state of the patient allow, and the symptoms indicate it; and should the *Stomach* appear to be disordered, an *Emetic* may be necessary. For which purpose a proper dose of *Vin. Antimonii*, will in this case be adviseable, on account of its manner of acting; and its tendency to move downwards; which may be promoted too by *Clysters*. By such means we must endeavour to weaken the force of the *next paroxysm*, but after that no time must be lost to the *Bark*, as it is on that alone that we can depend, for preventing the danger arising from future paroxysms.

But

But if the *Physician* should at his first visit find the patient in a profound sleep or *Carus*; *Blood* must be taken away immediately; *Vesicatories* must be applied to the head, neck, and wrists; and cupping with scarification to the back of the head. And so soon as there is a *sensible* remission, and that the patient is able to take it, and there appear no circumstances unfavourable to it, the *Bark* must be given in substance, in doses of one or two drachms, or more, every two hours, if the patient can; and in such manner as he can best take it during the remission. Should it appear to have taken some effect, by preventing or weakening the force of the next paroxysm, the doses may be taken less frequently or lessened; but it must be continued so long as may be thought necessary.

In the case of *Cardinal Barbadico*, *Morgagni** gave him, as soon as possible, at the first dose \bar{z} ss. and \bar{z} iss. more in smaller doses, by intervals, with the most happy effect.

E e

Continual

* V. Morg. Epist. xlix. art. 30.

Continual double Tertians, being of the same nature as *Epidemic Tertians*, are happily treated with the *Bark*, provided the *Remissions* be long enough, and nothing appear to forbid it. And here the attention and skill of the Physician must be exercised, lest *vernal* and *autumnal Fevers*, that are in their nature truly *Tertian*, should degenerate into continual or malignant, attended with very dangerous symptoms.

Tertians accompanied with spasmodic affections; efflorescence on the skin; *Pblegmasia* or local inflammation; or complicated with other diseases, must be treated according to the nature of the associated affections and symptoms. As must also remittent *Tertians*, which at times are attended with various symptoms and affections that require the Physician's greatest attention and circumspection; and must be treated with caution, as they bear neither bleeding nor purging in general, though particular cases may require them at the beginning of the Fever.*

CAUSUS.

* V. Werlhof. Obs. de Febris, &c. Hanoveræ 1745.

C A U S U S.

Febris ardens begins with chillness, succeeded by excessive heat, especially within, for the extremities do not seem to be so very hot; the skin and mouth very dry; insatiable thirst; nausea; vomiting; lassitude and restlessness; frequent pulse, hard at first, but becomes weak and irregular. Exacerbations on uneven days, *diebus imparibus*. They are most like double Tertians. The patients complain of a bitter taste; the countenance is sometimes yellow; and the stools bilious and fetid. Its progress is rapid more or less, according to the violence of the symptoms, going off by some critical discharge by sweat, stool, urine, &c. or taking the patient off the third or fourth day, and seldom going beyond the seventh.

The cure is to be attempted by letting the patient drink freely of small, tepid, aqueous, subacid drink; barley water; thin gruel,

acidulated with lemon juice ; currant jelly, and the like.

If there be signs of *Plethora*, *Phlegmasia*, or local *inflammation*, or other urgent symptoms that require it, blood must be taken away, more or less, according to the urgency of the symptoms, and mild, emollient, nitrated clysters be injected, to remove the dry and hardened fæces. The patient's feet should be bathed in tepid water, his hands too, and other parts of the body with sponges squeezed out of warm water. The medicines must be *saline* draughts ; *nitrated* emulsions ; *Sp. Nitri dulcis*, and in general the cooling *antiseptic* method is to be pursued. The patient must be kept cool, and fresh air must be admitted into his apartment frequently.

Symptoms that occur in the course of the *Fever*, and may be considered as the effects of it, upon the *Brain*, *Heart*, *Lungs*, *Stomach*, and *Bowels*, &c. must be carefully attended to,

to, not only on account of the *Prognosis*, but that they may be treated according to the rules of art. *

QUARTAN.

This Fever, though the longest, has been by some considered as the safest of all Fevers, especially the *Autumnal*, which is the most

* Thus far the *Impression* of these Thoughts was advanced, before I had seen the Treatise on *Tropical Diseases*, by the very sensible and experienced *Dr. Mosely*, which I have read with great pleasure and advantage.

The learned Author's comparative view of the *Causus* of *Hippocrates*, and the Endemial *Causus* or *Yellow Fever* of the *West-Indies*, which he has not a doubt of being a species of the former, aggravated by the heat of the climate; and the just regard paid to the great *Hippocrates* and other excellent *Greeks*, *Latins*, and *Moderns*, mentioned by him, in both the *Diagnostic* and *Therapeutic* parts, in the *Dysentery* as well as in this case; not, however, omitting some very necessary cautions respecting evacuants, (*bleeding*, *emetics*, and *purgatives*) in their application to the *Causus endemius* of hot climates, (the fatal effects of which, instanced in *Tart. Emetic.* he pathetically laments) do great credit to his candour, and the *skill*, which eminently appear throughout the work.

most frequent. It has not only been thought the safest, by reason of its *long* intervals, and compared with *Tertian* in this respect, it may be true; but it has had the credit too of freeing us from some other diseases, such as *Epilepsy*, *Mania*, *Melancholia*, &c. Whatever truth there may be in this, nevertheless, by the long continuance of the *febrile* paroxysms, the habit is weakened, and becomes *hectic*; obstructions are generated in the *Viscera*; and at last comes on *Dropfy*.* Moreover hybernal quartans have been observed sometimes to degenerate into *acute* diseases, *Catarrhal*, *Rheumatic*, and *Exanthematic Fevers*, which retaining the quartan *Type*, by the intervention of its paroxysm, increase the danger; so that *Semiquartans*, though less common, may be said to be not less pernicious than *Semitertians*.

Whatever blame or praise *Quartan* has formerly obtained, it is much diminished by

* Quare tuta quoque imprimis ea *Quartana* que *integro Liene* hominem tenet.—Idem morbus, si vel tumido *Liene* est, vel nimium inveterascit, *Hydropi* corpus exponit, scireque æger his casibus oppressus perit.—*Lomm.* L. i. p. 17.

by the *providential* gift of the *Bark*, by which this, as well as other intermittents, are effectually subdued. But as in the *legitimate* Quartan the intervals are so long, we are not under the necessity of precipitating its exhibition; therefore as Quartans are often suspected to be, more or less, accompanied with visceral obstructions, it is advisable to consider well the concomitant appearances in the patient; his habit of body; complexion, and the symptoms: In general I think it is best to begin the cure with the *neutral* and *Ammoniacal* salts, and other deobstruent and laxative medicines, and emetics. But should any alarming symptoms appear during the paroxysm, we must have recourse to the *Bark*, until the formidable appearances are subdued; after which, if necessary, the *aperients* may be again resumed.

There seems to be so much affinity between *Quartans* and *Quotidians*, that I shall now pass on to the latter.

QUOTIDIAN.

QUOTIDIAN.

This the most *rare* of Intermittents, differs little from *Quartan*, except in duration; being in general more chronical. In its diurnal accessions, it resembles the double *Tertian* and triple *Quartan*; but may be distinguished from them by its returns being pretty constantly, at or near the same hour in the morning; and its being mostly *vernal*. In double *Tertian* the third accession is similar to the first; and the fourth, which is the milder, is like the second. In triple *Quartan* the fourth is like to the first; the fifth to the second, &c. In the *Quotidian* the symptoms are in general mild, and the sweats moderate. The accession is, however, sometimes attended with *Cardialgia*, and not unfrequently, puts on the appearance of *Cephalalgia*, *Colic*, *Gout*, &c. being accompanied with nausea, vomiting, and flatulency; and by its continuance, sometimes vitiates the *chylopoietic* Organs. Hence

Quotidians

Quotidians have been pronounced by *Galen*, *Celsus*, and others, as not being free from danger; degenerating sometimes into continual or slow *Fever*. As both *Quartans* and *Quotidians* are prone to return, after having been checked by the *Bark*, that medicine must, in *them*, be repeated every third week; but in the *Tertian* every other week, so long as may be thought necessary.

FEBRES *continuæ, continentés.*

Continual *Fevers* are such as have no intermissions; but only remissions and exacerbations every day. Some are *inflammatory*, and others *nervous*. Of the former kind is *Synocha*, which is different in degree, according as the symptoms are more or less violent: hence it is called *Ephemera*, *Diaria*, *Synochus non putris, et Febris inflammatoria*. As in plethoric habits it is often occasioned by overheats, from violent exercise; too much wine, or other faults of the *nonnaturals* only; if rightly attended to, it is of but

F f

short

short duration, going off in one or a very few days, often without any sensible crisis; the fluids being very little altered, the symptoms moderate, and the cure requiring little more than a mild, diluting, and cooling regimen. But should the patient be very feverish; the heat great; the urine high coloured, and crude without sediment, and accompanied with *Head Ach*, or local *Inflammation*, blood must be taken away, according to the habit of body, strength of the patient, and *urgency* of the symptoms; and the patient must be treated with diluting, cooling, sub-acid drink; Saline *Antiphlogistic* medicines; emollient clysters with nitre, and gentle laxatives. His food must be water gruel, panada, sago, acidulated with juice of lemons or oranges, currant jelly, and the like; to be taken during the remissions. As the continuance of the fever is supposed to dispose the blood to putrescency, it has been called *Synochus putrida*; but *Inflammatoria* seems to be more proper.

TYPHUS.

TYPHUS.

The *nervous* continual. In this the pulse is generally weak and quick; the urine little altered; the head is disordered, and it is attended with languor and debility. *Dr. Cullen* supposes two degrees of it, *Typhus mitior* and *Typhus gravior*. Under the former he places *Febris maligna*, &c. *Willis*.—*Febris pestilens*, *Fracastorii*, *Foresti*.—*Febris nova*, *Sydenham*.—*Nervosa*, *Wintringham*.—*Lenta nervosa*, *Huxham*.—*Contagiosa*, *Lind*, &c.

Under *Typhus gravior*, he ranks the *Fevers*, generally termed putrid and malignant, viz. The *malignant*, *pestilential*, and *contagious Fevers* of *Camps*, *Prisons*, *Hospitals*, *Ships*, &c. of *P. Salius Diverfus*, *Alpinus*—*Sennertus*—*Riverius*—*Willis*—*Huxham*—*Pringle*—*Van. Swieten*, &c. And the malignant petechial Fevers of *Hoffmann* and various others.

Another Typhus, *cum flavedine cutis*, comprehends the yellow, or rather the *putrid bilious*, Fever of the *West-Indies* *and *South-Carolina*; and the malignant of *Barbadoes*.

Ephemera Britannica or *English* sweating sickness, and *Febris Sudatoria*, *La Suette* of the *French* are thought to belong to Typhus.*

Nervous Fevers are in general contagious and often epidemic; and though the contagion may be supposed to be the same in all, yet in different persons its effects will vary according to the different constitutions, conditions, manner of living, and their apparent state of health at the time of seizure. The first effect of the contagion seems to be such an alteration of the Blood from its sound state, and such depravation of the fluids secreted from it, as renders them unfit for their several functions. Of this depravation,

* Moseley, p. 175.—† Vid. Cullen. Nosologia Method. v. 11.

vation the nervous fluid seems to partake ; and this affects the vital and animal functions. To this is, probably, owing the languor ; debility ; shivering ; oppression of the spirits, and confusion of the head. The Bile and salivary secretions are disordered, hence Nausea, Vomiting, Diarrhea.

In all these Fevers there is, more or less, a tendency to putrescency, which seems owing to the contagion ; and though it stimulates the heart to more frequent action, yet by weakening the nervous energy, the febrile commotion is rendered not very strong ; but is continued until the noxious particles can be, by the powers of nature, separated and discharged.

The due support of those powers must be a primary object, in the cure of these Fevers, which seldom bear evacuations, except a gentle emetic, *Magnesia*, and a few grains of *Rhubarb*, in cases of vomiting and griping stools. But as it is found that by warm moderate sweats ;

sweats; copious spitting; eruptions about the mouth; and sometimes by gentle stools, the morbid matter is gradually wasted and expelled, (for we are not to expect a general, formal crisis, the urine being for the most part crude and pale) we must endeavour to assist Nature in the way she points out. For this purpose, mild, diluting, subacid, tepid drink, moderately cordial, are most proper. Of *cordials*, *Wine* is in general the best, being both cordial and antiseptic, and is to be occasionally added to the patient's drink and food, which must be *panada*, *sago*, *water gruel*, and is to be taken during the remissions.

The medicines too must possess the same qualities, such as saline draughts taken during the effervescence, with the addition of *Mistura camphorata*, *Castor*, *Confectis cardiac.* and to render it the more *diaphoretic* and *antispasmodic*, a small portion of *Elix. Paregoric* may be occasionally added. *Vesicatories* are in these cases very useful, and
are

are to be repeated from time to time, as the affections of the head and nerves may render them necessary.

In the mean time the patient must not be kept too warm. His room must be ventilated by the admission of fresh, cool air, and fumigated with vinegar, &c.

Miliary eruptions sometimes appear, but they seem to be rather *symptomatic* than *critical*, as they are not found to give the relief that might be expected from a critical efflorescence; and therefore the means that are recommended to promote their expulsion, must be used with prudence, since they are often supposed to be the effect of too much sweating, kept up with the view to expel the morbid particles, but which rather weakens than relieves the patient.

As however eruptions are generally preceded by anxiety and oppression about the *præcordia*, when these symptoms appear about the

the

the seventh, ninth, or eleventh day, some sort of *Exanthemata* may be expected, and it will be right to favour the exclusion of the morbid matter by mild *Diaphoretics*. And as nature seems to be relieved not only by the *skin*, but by the *salivary* glands, and by *stools*, those discharges, when *critical*, are to be promoted by moderate stimulants, such as *Oxymel Scillitic*, &c. and gentle laxatives of *Magnesia*, *Rhubarb*, *Dec. Tamarind*, *Manna*, *Sal. Rupellens*, if nature should seem to want such assistance.

SYNOCHUS.

Continua putrida, Boerhaavii—Lommii.

This is a sort of continual *Fever* that happens frequently with us, which is neither wholly *nervous* nor *inflammatory*, but a compound of both, being at the beginning *Synocha*; in its progress, and towards the end, *Typhus*; to which Dr. Cullen gives the name *Synochus*, and under it ranks *Febris depuratoria*,

depuratoria ; *continua Epidemica*, Sydenham.
 —*Febris continua putrida*, Wintringham.—
 Sauvages, *Varietates*.

After what has been already noticed on the subject of *Fevers*, I would only observe that the treatment of this must vary according to the different stages of it. In the *beginning*, bleeding, and the diluting and cooling method will be proper, which in its advance and towards the end would not be adviseable, and must give place to the mild *Diaphoretic*, *Antiseptic cordial* medicines, *Vesicatories*, &c. as the symptoms may indicate.

TYPHUS GRAVIOR.

Malignant, pestilential, and petechial Fevers seem to differ only in degree from those called Nervous. And this may be probably owing to the greater virulence of the contagion, where a greater number of persons are collected together as in Camps, Hospitals, Jails, &c. Hence the symptoms are

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more

more violent, and the appearances denote a greater degree of putrescency of the Blood, and of depravation of the fluids in general. But the difference of the symptoms will not depend *solely* on the degree of virulence, but will be farther modified by the different states and constitutions of the persons affected; and *this* will occasion some variation in the method of cure. For though the general effect of the contagion is to weaken the nervous energy, so that bleeding and other evacuations are to be practised with great caution, yet in persons of full *plethoric* habits, the symptoms are sometimes such as not only to justify the taking away of blood, but even of repeating it. As the stomach and first passages are more or less affected, and their contents corrupted by contagious *miasmata* taken in by the mouth, a gentle *emetic*, and if there be reason to suspect that the intestines are loaded, a moderate dose of *Rhubarb*, or other mild laxative will be adviseable. The patient is to be supplied with mild, antiseptic, subacid

subacid drinks, and nourished with *panada*, *water gruel*, *sago*, &c. to which *wine* must be added with a liberal but *prudent* hand, according to the circumstances. By such means a mild *Diaphoresis* must be supported; which may be assisted with *Sp. Minderer*: *Pulv. Contrayerv. c*: *Conf. cardiac. Mistur. Camphorat*: *Elix. paregor.* As these Fevers are observed to go off partly by the skin and partly by stools, the latter are to be prudently promoted, when they come on about the seventh, ninth, or eleventh day,

Should *Petechiæ* appear early, or other marks of putrescency, the *mineral* acids must be freely taken.

FEBRIS HECTICA.

This Fever comes on about eleven o'clock every day, with chillness, paleness of the face, and very great thirst, succeeded by a quick pulse, heat and flushing in the cheeks. These symptoms decline gradually,

but increase again towards night, continue some hours, and are followed towards morning by copious sweat, which carries off the heat, and the patient gets a few hours sleep. The *Fever*, however, does not entirely leave him, and the exacerbation comes on again about the same hour, as before, in the forenoon, but not always in the evening. The morning sweats are generally very profuse; the urine is high coloured, and deposits a pink coloured sediment, which I have often found to be a symptom of internal Ulcers; the patient's flesh and strength waste away, and he dies tabid.

This happens most frequently in diseases of the *Lungs*, which of all the *viscera* are the most subject to ulceration, and I have generally found the urine depositing a rose or pink coloured sediment to be an almost infallible sign of an internal ulcer, and together with *Hectic Fever* and *Marasmus* making up a fatal *Prognosis*.

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The symptoms, excepting *cough*, are very similar in cases of matter formed in the *joints*, as I have seen in that of the *Os Femoris* with the *Ischium*, and with the *Tibia*, and *that* with the foot; in *Psoadic* abscesses, &c.

A symptomatic flow Fever often attends *Worms*; *Scrophula*; *Chlorosis*; but it has not the character of the *true Hætic*.

SECTION II.

SECTION II.

EXANTHEMATA.

EFlorescences on the skin are of various kinds, of which some are owing to a specific *Seminium*, and make their appearance at or about one certain time of the disease occasioned by contagion. Of this kind especially are the *Small-Pox* and *Measles*, to which we may add the *Scarlet Fever*, though less remarkable than the other. These eruptions are critical, the contagious particles being by them discharged upon the skin. By the way we may here remark the different effects of *different* contagion upon the skin, one kind producing *papulæ* that inflame and suppurate,
as

as *Variolæ*; another causing small red spots like flea-bites, forming patches or clusters that are scarcely perceivable by the touch, and vanish in a few days, leaving upon the skin a branny roughness only, the *Measles*; another in which the spots are red, cause a considerable roughness of the skin, and by degrees fade and go off with desquamation of the skin, such is the *Rash*; another in which the spots are at first white vesicles, some small and round, other rather larger and lenticular, this is the *Miliary*, by some called *Purpura alba*; another called *Petechiæ*, which are spots in the skin that are of a deep red, brown, or purple, that appear about the sixth or seventh day, in *malignant, pestilential Fevers, Small-Pox, &c.* and are more or less alarming as their colour approaches more or less to black. *Petechiæ* are sometimes succeeded by the *Miliary*, in *malignant Fevers, &c.* and often with bad omen. Some of these are manifestly *idiopathic* and *critical*: though the
Measles

Measles are by some thought *symptomatic*, as well as the *Miliary* and *Petechiæ*. But even the last, though they mostly attend malignant and pestilential diseases, and denote great putrescency of the fluids, yet when they are only of a deep red, brown, or purplish colour, and gradually fade away, with such abatement of the symptoms as are often followed by the patient's recovery, they may be reasonably supposed to be in some degree critical. As to the Measles, though their eruption does not immediately remove *all* the symptoms, but that on the contrary the *cough* and difficulty of breathing are upon the *turn* increased, sometimes to an alarming degree; and so as often to injure the Lungs; yet these may be owing to mismanagement, or to the malignancy of the disease, since it is well known that a premature retrocession of the eruptions is always dangerous.

VARIOLÆ.

VARIOLÆ.

Of all *Exanthemata*, owing to specific contagion, the most remarkable is the Small-Pox. It was formerly one of the most formidable too ; but by the practice of *Inoculation*, it has been rendered in general so mild as to create very little trouble or apprehension. But though daily experience of its uniform success evinces the great advantage of *Inoculation*, yet in a matter so very interesting, it is no wonder that many find it difficult to overcome their fears of giving their child a disease of which he may die, who yet would think it wrong not to give him the best chance of passing well through a disease which he must *once* have, at the most eligible time of life, and with the choice of the most favourable circumstances, of season ; quality of the matter ; mode of infection ; (which seems to be of great importance) and the having an opportunity of preparing him for it, where

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that

where that may seem necessary; which, however, is very little wanted in children of good habits, and who are properly educated.

Should the disease however, whether by natural or artificial infection, be attended with symptoms unfavourable, the assistance of an able and experienced Physician will be necessary.

RUBEOLEÆ.

The Measles begin very much like a Catarrhal Fever, with heaviness of the head; watery eyes; sneezing; hoarseness and fever. The eruption appears about the fourth day, in red spots and papulæ *visible*, but so little elevated as to be scarcely perceptible by the touch. About the fifth or sixth day they fade and by degrees go off, leaving a branny roughness upon the skin.

When the disease is of a benign kind, the
symptoms

symptoms are mild and favourable, and the patient gets through without much trouble, little more being wanted than to keep moderately warm ; to drink small tepid liquids, such as barley water with raisins ; baum, or small green tea ; lemonade and the like.

The patient's room must not be made too warm, nor must he be much loaded with bed-cloaths, more than what may be sufficient to encourage mild perspiration. But as the disease is often more or less epidemic, the symptoms vary according to the constitution of the year ; the season ; their anomalies and prevailing diseases, and the difference of age, habit of body and strength of the patient. If the disease come on with much head-ach, cough and fever, and the patient be plethoric, he must lose blood according to his strength and the urgency of the inflammatory symptoms ; which render it necessary even in children. And though it should not seem to be required

at the beginning, yet it often happens about the sixth day, when the eruptions begin to fade, that the cough increases, and is accompanied with such oppression and difficulty of breathing, as to endanger the patient's life, or to injure the lungs so as to lay the foundation of a *Phtisis*. Here bleeding is become absolutely necessary, without which no other means would avail, and it must be repeated if necessary ; a vesicatory must be applied, and the patient must sip frequently some small tepid liquid, such as an infusion of raisins, liquorice, and pennyroyal, and endeavour to inhale the warm vapour from the tea-pot.

When this difficulty is overcome, little more will be wanted than two or three doses of rhubarb or other mild laxative, and if a cough should remain, change of air and asses milk to compleat the cure.

SCARLATINA

SCARLATINA, *Sydenham*.—SCARLATINA
SIMPLEX, *Cullen*.

This as well as Small-Pox and Measles, is preceded by a *Synocha*, and is contagious. The symptoms are, however, sometimes so mild, as to give the patient very little trouble or sickness. There is indeed some Fever, but very moderate. Such was that taken notice of by *Sydenham*. The face, about the fourth day appears rather swelled, and large red spots or patches come out here and there, which run together, and in three days more gradually go off in branny scales, but leaving an anasarcaous swelling.

This disease is peculiar to children and young persons, especially girls. It comes on with shivering, pain in the head, anxiety, redness and soreness of the eyes, and other catarrhal symptoms, very much like the Measles; and is like that to be treated with small warm diluting drinks, such as with-
out

out heating, tend to promote perspiration. The patient must in the mean time be kept in bed, in a moderate degree of warmth.

When the disease is over, and the desquamation has taken place, it will be proper to give the patient some gentle cathartics, which must be repeated at proper intervals, as the case may require, after which some mild tonics will be adviseable.

SCARLATINA CYNANCHICA, *Cullen.*

But there is another *Scarlatina* which is *Epidemic*, and which being almost always accompanied with Ulcers in the throat, *Dr. Cullen* calls *Scarlatina cynanchica*; which as in most of the patients it very much resembled the malignant sore throat; and as in all that were affected, he never observed *Epidemic Scarlatina* to be simple; he has often doubted whether every *Scarlatina* be not *Cynanchica*, and almost always the same disease with *Cynanche Maligna*.*

But

* Vid. cel. Cullen Nosologia Method. 11.

But he says, there are many reasons for his not adopting this opinion: For, that *Scarlatina* is sometimes simple, that is without a *Quinsey*, and that therefore there is a species of contagion that produces a scarlet efflorescence *only*, is certain from the observations of *Sydenham* and others. And if contagion affecting the fauces, often produce the *scarlet* also; this only proves that it is the nature of some contagions to affect both the skin and the throat. Though these contagions may yet differ, so as that the one should primarily more affect the skin, the other more the fauces; and this difference he thinks, there always is between the contagion of the *scarlet*, and that of the *malignant* sore throat.

In the epidemic which he considered as *Scarlatina*, some of the patients had no sore throat, and in those who had, it was in almost all, *benign*; the ulcers on the Tonsills small, not spreading; the matter mostly good, and the disease rarely mortal.

In

In the *malignant Angina*, the sick were seized at the first with sore throat; the ulcers were foul, spreading, malignant, and gangrenous; and the disease was for the most part mortal.

This distinction between the *malignant* sore throat, and the *scarlet Angina* agrees with what I have observed, and, as a thing of no small importance, should be kept in mind. The treatment of *Cynanche Maligna*, has been already considered.

E R Y S I P E L A S

This is an affection of the skin, in which it appears of a bright red, with swelling, considerable heat, and often pustules or vesicles, accompanied with *Synocha*. It frequently attacks the face, and after dying away there, shews itself again on the legs, the redness spreading sometimes very considerably; it continues seven or eight days, then

then the skin becomes scaly and so goes off. The Fever is often accompanied with drowsiness, and sometimes with *delirium*; it continues only a few days in common cases; but when the *Erysipelas* is symptomatic, in putrid and malignant Fevers, it lasts longer, and the *inflammation* sometimes ends in suppuration or gangrene.

Erysipelas requires different treatment, according to the different degrees. When it is *Idiopathic*, the inflammation, great, and the swelling considerable; bleeding, antiphlogistics, mild diaphoretics, with small tepid liquids, and clysters or mild laxatives, in case of costiveness, will be the best. In the mean time the patient must be kept moderately warm, so that moderate perspiration be promoted. Should the inflammation increase, it will be advisable to foment the part with soft flannel wrung very dry out of *Decoct. pro Fotu*, and sprinkled with *Sp. Vin. Camphorat.* taking care that they be not applied too hot. The

Fever, if putrid or malignant, must be treated as such.

CASE of ERYSIPELAS PHLEGMONODES.

I take the opportunity *here* to mention what happened to me in the course of, and apparently unconnected with the *Arthrody-nia*, which had so long confined me. On the 24th of *December*, being in perfect health and good spirits when I went to bed, about three o'clock in the morning I awoke in a shivering *Fit*, which was soon after succeeded by *Pyrexia*, but in no great degree. A day or two after I felt a soreness in the calf of my left leg, where the skin appeared red and hot, in short an *Erysipelas* shewed itself, which I flattered myself would prove merely superficial; but I soon found that it was *Phlegmonodes*, attended with burning heat. And such was the acrimony of the humour there deposited, as to produce the effect of a *Causitic*, (a black *Eschar*) which destroyed the *Cutis*, &c. and upon
the

the whole was more like an *Anthrax* than any thing else. The feverishness soon went off, and I became perfectly well in health; but the *Esfchar* was long before it separated, and the *Ulcer* which was about the size of a crown piece, is not yet healed. I was not a little surprised at the *virulence* of the humour, as I never had in my life any cutaneous eruptions, or other marks of acrimony; nor was the disease that afflicted all my joints, attended with any appearance of inflammation. The *Erysipelas* was entirely under the management of my *Surgeon*, being in so good health, that medicine was perfectly unnecessary.

M I L I A R Y F E V E R.

This fever made its appearance about the middle of the last century at *Leipzig*, where it proved fatal to the greater part of women in *Child-bed* that took it, for they *only* were attacked with it.

* *Dr. Welsch*, the first who wrote upon it, looked upon it as a new disease, and expresses himself as having laboured under great anxiety on account of its fatality, and his having no precedent to direct him in the cure. From *analogy*, therefore, he was led to consider it as a malignant Fever, and as such treated it, giving it the name of *Febris maligna miliaris*, the eruption causing the skin to feel as if sprinkled with *millet seed*. By others it was thought to feel like the cloth called *frize*, and they called it *der Friezel*, red, or white, according to the colour of the spots. To some they appeared of the size of *lentils*, and they called it *Lenticular*.

At its first appearance it affected lying-in women only; but some years after, 7341-5, it raged with great violence at and in the neighbourhood of *Straßburg*, under the
name

* V. Ill. Halleri Disputationes, vol. 5.

name of * *Purpura meliaria alba*; though *Purpura* belongs properly to the red spots; and not at all to that in which the white spots are not preceded by the red.

Sir D. Hamilton thought it ought to be called a "*Vesicular Fever*, because the pustules are vesicles or little blisters, filled at first with a limpid *Serum*, and afterwards with a whitish one, not unlike the colour of pearls."

As the *Leipzig* Fever affected only lying-in women, that of *Straßburg* happened mostly to middle aged men, and those especially of *plethoric*, *sanguine* habits of body, to whom it was more dangerous than to the *phlegmatic*. The symptoms being more or less violent at different times, it has been divided into *benign* and *malignant*; the former called by † *Etmuller*, *Scorbutica*; and by *Hoffmann* into *Acute* and *Chronical*; the latter having
no

* Welsch.—† Saltzman, &c.

no *Fever*, nor being dangerous, but *rather* salutary, though very troublesome from the itching it occasions. This seems to agree with what we call a *Rash*. The acute is dangerous, either *simple*, having *miliary* pustules only, which * *Hoffman* calls *idiopathic*; or complicated with *purpura rubra*; *Variolæ*; *Morbilli*; or *Petechiæ*; which sometimes come on in the increase or decrease of the disease, seldom at the beginning. The *miliary* sometimes joins itself to *putrid*, *ardent*, and *spotted Fevers* too, and then he calls it *Symptomatic*.

What has been already said, being chiefly *Historical*, I shall now enter into a detail of the *phænomena*, or symptoms attending this Fever. At the first, when it affected child-bed women *only*, it began generally within the first four or five days after delivery; sometimes about the seventh, seldom later.

Its

* Opera.

Its beginning was attended with *shivering*, then general heat; anxiety about the *præcordia*; pain in the head; redness of the eyes; restlessness; a partial sweat about the face, neck, and *præcordia*; the urine was, for the most part, as in health, or very little changed; the belly bound, or stools slow. Its *increase* was accompanied with increase of heat; *redness* and *roughness* of the skin about the breast, neck, and back; and here and there over the whole body; the pulse full; little sleep, and that uneasy and disturbed; the urine *clear, orange coloured or red*; and the *symptoms*, in general, decreased; the *Lochia* diminished. The *state* was about the *fifth* or *sixth* day of the disease, when the *symptoms* attained their height. Such in general were the *diagnostic* signs. The *prognosis* was in general unfavourable. Anxiety; a weak unequal *pulse*; difficult *Respiration*; *prostration* of strength; *restlessness*; *delirium*; *dimness* of sight; *bleeding* at the *nose*; *tremor*; *spasms*; were symptoms which, with more or less violence, according to the difference

difference of *habit* and *constitution* of the patients announced a *fatal* termination ; to some even in the *beginning* or *increase*, but mostly about the state. But if at this time there came on a moderate sweat about the *præcordia*, and from thence extended over the whole habit ; with *remission* of the heat and other symptoms ; gentle quiet *rest* ; the *urine* becoming thick and turbid, depositing a copious *sediment*, with spontaneous fetid stools, the patient recovered, his strength gradually returned, and by moderate sweats and perspiration, the itching and roughness of the skin goes off, with *desquamation* of the *cuticle*.

Sir David Hamilton's account of this disease about the year 1710, agrees very much both in respect to the *phænomena*, and to his notions of the *nature* of it, which he considered as *malignant*. But I think it appears that by *miliary*, he means the *white* vesicles, as he calls them ; for where he says that this kind of fever is twofold, *simple* and

“and *compound*. I call it *simple*, as often as no
 “pustules beside the *miliary* appear, whereof
 “I am going to discourse; but *compound*,
 “when red *papillary pustules* are interspersed
 “with the *miliary*; and which, when they
 “are *solitary*, are commonly called a *Rash*.
 “And it is farther to be observed, that the
 “*miliary* pustules are sometimes intermixed
 “with the *small-pox*, and while the *small-pox*
 “rises up, those gradually wither away;
 “but remain standing after the *papillary*
 “are dried up.

As in his general notions of the *nature* of
 the disease, so in his *description* of the *Symptoms*,
 and the *Prognosis*, Sir David agrees
 materially with the *German Physicians*. In
 respect to the *prognostic* signs of this fever,
 he says, “a *Prognostic* is thus to be made of
 “this fever: If the sick hath not observed
 “a due *Regimen* in the *Beginning*, or the
 “Physician prescribed *heating medicines*, not
 “*raising a sweat*, although the symptoms
 “were milder from the *beginning*, yet the
 K k “distemper

“ distemper often turns to the worse, and
 “ threatens either *death* or a lingering *dis-*
 “ *ease*.” In his *caution* too against the use
 of “ *heating* medicines, usual in *Hysteri-*
 “ *paroxysms*, without *Diaphoretics*, whence
 “ in lieu of a mild procedure of *nature*, ex-
 “ pelling the matter by gentle sweating, a
 “ rapid *fermentation* throws down the same
 “ into the Guts;” *Sir David* agrees with
 them, as well as in the *treatment* recom-
 mended by them; founded as appears on
 the supposition of its being an *Idiopathic* dis-
 ease; and that the offending matter is best
 carried off by *moderate* sweating, thick con-
 cocted urine, and spontaneous gentle tho’
 fetid stools.

Great and profuse Sweats sometimes pre-
 cede the *miliary* eruption, which may be
 considered rather as *Symptomatic*; and to de-
 note a greater quantity or more irritating
 quality of the *morbific* particles in the blood,
 by which the powers of nature are put into
 greater commotion, and thereby weakened;
 or

or as happens to *child-bed* women, when *smothered* with bed cloaths and *hot* rooms. But that the miliary eruption is the *creature* merely of a *heating regimen* and *heating medicines*, is an *idea* that the Authors mentioned disclaim; and which is not supported either by their *practice* or their *observation*. It is, however, allowed to be sometimes Symptomatic.

It seems to have been very frequent and dangerous in persons of all ages and sexes about the year 1741.—Vide an anonymous *Pamphlet* on the cure of the *Miliary Fever*, with extracts from *Sir David Hamilton* and *Sir Richard Blackmore*. London, printed for C. Say, Newgate-street, 1751.

MORBI

MORBI PUERPERARUM.

FEBRES.

The Fevers that happen to lying-in women, may have for causes, injury done to the *Uterus* in difficult parturition; great emotions of the Mind, occasioning spasms and suppression of the *Lochia*; getting cold; *retention* of the milk from neglect of having the breasts drawn; whence arises a sudden *Pletthora*, which, where there is already a phlogistic *Diatheſis*, causes inflammation and great danger to the patient, as has been proved by dissection, not only the *Uterus*, but the *Peritoneum* or *Epiploon*, having been found in an inflamed and gangrenous state. But to none of the causes mentioned may it be more frequently attributed than to the *retention* of the *milk*, as I have been assured by a very successful *Accoucheur*; who informs me also, that it is a case that, in very extensive practice, he rarely meets with

with, and may be prevented in a great measure by giving attention to have the milk regularly drawn off, which prevents also any degree of *milk Fever*. Hence the ingenious *Mons. de Sauvages*, among other species of inflammation of the *Uterus*, ranks * *Metritis Lactea*; and † *Lieutaud*, after the enumeration of various affections, excited by the milk, says “*Telles sont les maladies dont sont menacées les femmes, qui veulent se soustraire aux loix établies par la nature.*” This one would think should have induced him to have recommended instead of a number of insignificant topics, &c. the breasts to be *drawn*, which he does, indeed, by compulsion it seems, and apologises by saying “*on est obligé d’avoir recours au tette ment d’un enfant ou a la suction de toute autre personne: ce parti peut entretenir, a la verité, la disposition a l’engorgement, mais en remédiant aux douleurs présentes il donne le tems d’user d’autre moyens.*”

* Cullen. *Nosologia Methodica*, v. ii. p. 118.

† *Precis de la Médecine pratique*, L. iii. p. 650.

“*moyens.*” So that he proposes it only as a temporary expedient to give time for the employment of other means. This is at least acknowledging its utility.

Should, however, any of the causes mentioned occasion Fever, accompanied with pain and tension of the *Hypogastrium*; vomiting, &c. Blood must be taken away, and that, more than once, according to the urgency of the symptoms. Emollient clysters must be injected, and tepid fomentations applied to the *Abdomen*; her drink must be small tepid liquids, such as barley water; baum, or small green tea, and the like, to promote gentle perspiration, for which purpose also three or four grains of *James's Powder* may be given, and repeated with *discretion*. In the mean time she must not be kept too warm, but only so as to favour free perspiration. And as it sometimes happens, on these occasions, that the Bowels are affected with spasms, from which arise flatulency and pain, it will be proper
to

to move them now and then by injecting a proper clyster, or if necessary, giving some very gentle laxative, but with due caution of not exposing the patient to a check of perspiration. In the mean time the breasts should be gently drawn from time to time, as it is a matter of considerable importance.

It is not my intention to go into the consideration of many other affections and accidents to which lying-in women are liable. I would, however, observe that the pains that often succeed *Parturition*, are not always owing to the contraction of the Uterus, to expel *Coagula*, &c. but often to flatulent distention of the Intestines from spastic affections, in sympathy with those of the *Uterus*.

For which reason, if the woman complain of great pain and a sense of fullness, without symptoms of *Phlegmasia*, it will be adviseable to give her one or more Clysters, if necessary, which will frequently
produce

produce discharge of wind, and ease the patient. Should similar pains return, the same means may be used; and then something Diaphoretic, as *Sp. Minderer. 3iii. Aq. Mentb. Sativ. 3i. Pulv. Contrayerv. c: gr. xv. Tinct. Opii. gutt. xv. Syr. Croci. 3i. Tinct. Castor. 3i.* may be taken at bed time. Should it seem necessary to procure a passage downward, *Magnesia*, and *Rhubarb* with the addition of *Tinct. Sennæ*, or some other gentle laxative will be proper.

One thing more I would have noticed, *especially* by the assistants and those who may be about Women in Labour, that they be extremely cautious in saying any thing that might in any degree affect her mind; the bad effects of which have been too often experienced. Such a case is related by * *Morgagni*, of a woman of a nervous habit, who apprehended that she should die upon that occasion. She was also very anxious

to

* V. Morgagni, Epist. xlviii. art. 43.

to have a *Son*. She was safely delivered of a *Daughter*, which was carefully kept from her by all the attendants, but her husband coming with joy to congratulate her, on her safe delivery, inadvertently discovered the truth; she was instantly affected to such a degree, that her pulse sank, she became cold, and without any material discharge from the *Uterus*, that could be supposed to sink her, she died about an hour after. *

* Morgagni, Ep. xliv. art. 43.

SECTION III.

MORBI ARTUUM et ARTICULORUM.

ARTHRITIS.

THE characters and distinctions of the disorders of the Limbs and the Joints are in general so perplexed and indistinct, that it appears to me to be no easy matter to give to each its proper marks. * *Dr. Cullen* whose characters of diseases are, in general, very accurate, defines *Rheumatism* a disease owing to an external, and for the most part an evident cause, attended with *Pyrexia*; pains about the

* *Nosologia Method.* v. ii. p. 125.

the joints, following the tract of the *Muscles*; affecting the knees and larger joints more than those of the feet; and exasperated by heat and motion. Now, however just this character may be so far as it regards the *joints*, it certainly does not perfectly apply to the varieties noticed by the learned *Professor*, they being chiefly *muscular*, such as *Lumbago** *Rheumatica*; *Ischias Rheumaticum*; *Pleurodyne Rheumatica*; *Pleuritis spuria*, Boerhaav. which are not always attended with *Pyrexia*; to these, therefore, I would apply the term *Rheumatism*; and to that in which the joints, with their ligaments, and other surrounding parts of the shoulders, elbows, wrists, fingers, knees, feet, &c. are affected with swelling, tension, redness, and great pain, the name *Arthritis* might not be improperly given. To the supposition of the tendons, ligaments, and membranes, being the seat of the *pain* in these cases, it has been objected that

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those

* De Caus. et Sed. Mor. Ep. lvii. art. 17.

those parts are *insensible*; that this has been proved by irritating them with both *mechanical* and *chymical* irritants, in *living* animals, who shewed no signs of suffering pain. But even admitting this to be true, when they are sound; it is quite otherwise when they become diseased, (swelled or inflamed) as was proved some years since by the ingenious Professor, *Whytt*, of *Edinburgh*, in his dispute with the excellent *De Haller*, upon the subject of irritability.

The names *Podagra*, *Gonagra*, *Cheiragra*, or *Gout*, seem most applicable to that disease, which though it affects the same parts as *Arthritis*, yet it differs so materially from it in some particulars, as to seem to be of a different *Genus*; it being generally preceded by a sense of fullness at the Stomach; *Flatulency*; *Dysorexy*; *Dyspepsy*; coming on without any *evident* cause, and being for the most part *Hereditary* and *Periodical*. When the Gout is regular, these symptoms are commonly followed by swelling of the

great

great toe, and other joints of the feet, which is intensely red, and exquisitely painful, even when not moved. The rose or pink coloured redness and the ardent pain, seem to distinguish the Gouty from the Rheumatic swelling. The Fever is sometimes very brisk; the urine is high coloured, and on the decline of the Fit deposits a great quantity of red sediment, and is followed with desquamation of the cuticle of the parts affected.

As these affections of the Limbs and Joints have symptomatic differences, some difference must be observed in the treatment of them. Rheumatic pains in the *Side, Loins, and Coxa*, not attended with *Pyrexia*, are soonest removed, by flannel and local applications, such as fomentations, *Liment. Volatile*; warm plaisters, and vesicatories.

Arthritis being a disease that young and middle aged persons of strong habits, and sanguine

sanguine complexions, are most subject to, may require repeated *venesection*, *antiphlogistics*, attenuants, and mild diaphoretics; small tepid liquids nitrated; saline draughts; *Sp. Minderer. Vin. Antimon.* to which may be added *Tinct. Opii* occasionally. In the mean time the patient's food must be light and not heating, such as water gruel, panada, fago, chicken, and the like.

In those cases that are attended with great pain in the Loins, and difficulty of standing erect, the Muscles *Psoas* and *Iliacus internus* are not unfrequently diseased and suppurate, of which I have seen several instances. And for an example of the state and condition of the Muscles, in a Rheumatic disease of the Loins, as it appeared on dissection, *Vide Morgagni, Ep. lvii. art. 17.*

PODAGRA

PODAGRA—GOUT.

The *Gout* being, as already observed, of a nature different from that of other *Arthritic* affections, the treatment of it may require particular attention. It happens, for the most part, to persons who have indulged in what is called *good* living; and been in the habit of feeding upon strong high seasoned meats, and drinking largely of wines of various sorts; "*Arthritis morbus fere Divitum, rarissime Pauperum,*" * by which a peculiar kind of acrimony of the *humours* is generated, which being carried about by the circulation, affects, in its course, the *joints, tendons, ligaments, &c.* and produces swelling, violent pain, and other symptoms as before stated, until by the powers of *nature* it is so changed as to be separated and discharged, by free perspiration and turbid urine, which in the declination of the *Paroxysm*, deposits

* Morgagni.

sits a large quantity of red sediment, and thus the Fit terminates; and is said to be *regular*.

But if the usual symptoms of Gout, should not be succeeded by swelling and inflammation; or that *they* should be slight and transitory coming and going, as the symptoms come and go, *Podagra* is then called *Atonica*, but these are not easily distinguished from each other. When the inflammation and swelling go off prematurely, and the Stomach becomes disordered, the Gout is denominated *retrograde*. And if some internal *Pblegmasia* suddenly cease, and inflammation of the joints succeed, it is said to be *wandering*. It is sometimes joined with other diseases; but for these and some others I must refer to *Cullen's Nosologia Method.** from which some of these characters are partly taken.

The Gout, in general, attacks persons
about

* Gen. Morbor. p. 128.

about the middle time of life of the above description. In those of more advanced years, the Fits become less violent, but they are less regular and more extended. Young persons and even children are not wholly exempt; and it is generally hereditary.

The *regular Gout* requires little more than patience, flannel, and a proper regimen; that is such a one as shall tend to favour perspiration, and support the vital powers, without heating the patient too much; and to empty the Bowels by clysters or gentle warm laxatives. As *Nature* is here the *principal agent*, that by degrees prepares, and at last separates and throws off the *morbific matter* by repeated smaller paroxysms, which at last terminate in one general *paroxysm*, about the fourteenth day, sometimes sooner, and often taking up much longer time:* it behoves us to watch *her* operations, and to

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assist

* Vide Sydenham de Podagra.

assist and direct them by such means as may seem best adapted to the nature of the case.

Should the Gout prove *atonic* or *retrograde*, we must endeavour to obviate the consequences, by promoting the expulsion of the *morbific* matter, and to determine it to its proper seat, by warm stimulating *Pediluvia*, cataplasms and vesicatories, and such other means as the symptoms may indicate ; not omitting venesection if *Pblegmasia*, or other affection of the *Brain*, *Lungs*, or other *principal Viscera*, should indicate it. Sudden and violent affections of the Mind have sometimes occasioned a fatal retrocession of the *Gout*, as happened to a *Cardinal Bishop* of *Padua*, on receiving the sudden afflicting news of his *Brother's* death, as related by * *Morgagni*. Who also mentions another case of *retrograde Gout*, without any evident cause, cured.

The moderating future paroxysms can
only

* Morg. Ep. lvii. art. 10, 11.

only be done by observing a temperate regimen; having at the same time due regard to the patient's age, constitution, and state of health: For the powers of *Nature* must not be too much depressed, in those especially who are advancing into years; with whom too spare and abstemious a diet of milk, pultaceous food, and the like, would very probably disagree. A steady perseverance in such diet and total abstinence from wine has, in some instances, produced a radical cure.* Though in others it has proved but short and transient; and its return more severe than before.

A R T H R O D Y N I A.

The AUTHOR'S CASE.

This affection of the joints, according to *Dr. Cullen*, succeeds to the Rheumatism, or to some violent strain or effort, and consists in pain of the joints or muscles, more or

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* Vide Morg. Epist. lvii. art. 7 et auctores ibi allegates.

less transient; is increased by motion, and relieved by warmth; the limbs are weak and stiff, and often cold; but there is no *Pyrexia*, nor for the most part any swelling.

This character agrees but in very few symptoms with my case, which being, properly, neither *Rheumatic*, *Arthritic*, nor *Podagric*, might, I thought, be not improperly denoted by the general term *Arthrodynia*, it being a chronic affection of the joints, attended with *some* pain, stiffness, and swelling, but without redness or tension of the skin; not attended with *Pyrexia*, nor much pain except upon motion, and then not very severe.

In my case, all the joints, except those of the *Dorsal* and *Lumbar Vertebrae*, (for those of the neck were not free) and the toes were affected. Particularly the instep, the knees, the hands and fingers, the wrists, the elbows, the shoulders, the articulation of the lower jaw, on the left side *only*, so that at times, it was not without difficulty I could
open

open my mouth to eat. I could not be sure that any of the muscles were affected, but that the tendons were, I had very sensible proof of, in the tendons of the *Gastrocnemii*, which have been all along swelled and very painful, though the muscles seemed to have no share in it.

The joints became gradually enlarged, those especially of the knees, hands, wrists, and elbows; but the swelling even of the knees, did not *apparently* affect the skin. This swelling seemed to be partly in the *Cartilages*, as well as the ligaments, tendons, &c. for as it increased, the knees became more and more stiff, till at last, they creaked *audibly* like a door moving on rusty hinges that wanted oil, and this seems to have been the *Acme* of the disease, in which state the parts continued for a very long time. This stiffness I attributed partly to enlargement of the joints, and partly to a defect of *Synovia*, from some indisposition of the glands, by which it is secreted.

That

That the swelling was purely in the joints, is yet evident, in two or three fingers in which the swelling yet remains, though some of them are at present distorted, manifestly by the swelling of the joints, upon which the skin is perfectly free and wrinkled. The swelling of the joints has been as slow in its declension as it was in its increase. It is greatly abated in the knees, which move with ease and freedom; the great tendons of the *Gastrocnemii* are almost well; the wrists, elbows, and shoulders are yet rather stiff, and somewhat painful, though they are growing better, and will, I flatter myself, be cured by warm bathing, though it was before ineffectual.

There being no apparent reason for venesection, I never thought it necessary. The medicines I chiefly made use of, were *Sp. Minder. Vin. Antimon. James's Powder*, and warm bathing of different degrees of heat, from about 110 to about 84 at different times, from none of which I ever found
any

any sensible benefit, though I constantly obtained a free perspiration, especially in the extremities. Perceiving, therefore, that it would prove chronical, and that it would have its course, I gave up all medicines, except *Vin. Antimon.* and *Tinct. Opii.* of which I took about twenty-five drops, on account of restlessness; this had the desired effect.

The *Tinct. Opii* not only procured me rest, but seemed to favour the free perspiration, especially about the feet and legs, that has uniformly continued the whole time. Nevertheless the stiffness was so tedious, that I sometimes apprehended that the *Opium* might rather favour it by making me lie longer *still*; and on that account I left it off, from time to time; but further attention gave me reason to think otherwise, so that I have, for many months, continued it once in twenty-four hours, in a dose of thirty or thirty-five drops, and no more, with undoubted advantage. I cannot omit observing, that during this long confinement, (two years)

years) I have, for the greatest part of the time, enjoyed perfect health. My appetite has been in general good, though moderate, as I could wish. My digestion complete; not having so much as the least eructation or any other sign of indigestion. My drink at meals has been chiefly water with rum, of a moderate strength, and sometimes a glass or two of wine. The *Erysipelas* which I have already given the history of, was an *incidental* matter that surprised me, as I should not have imagined that there could be such caustic acrimony in my blood.

ARTHROPOUSIS.

This, as *Dr. Cullen* observes, is undoubtedly of a nature very different from either *Gout* or *Rheumatism*; the disease being, in the cases at least that I have seen, *within* the *capsular* Ligament, where matter had been formed in consequence of Inflammation, which by becoming acrid, had eroded the
Cartilages,

Cartilages, and rendered *carious* the bones. I have already mentioned two cases of this sort, which it would be superfluous to repeat. I cannot, however, omit to mention what occurred to me in examining the knee joints of an old woman, who died of a Fever; and who had, independent of that, complained of stiffness and grating in those joints; the cartilages of which I found to exhibit small furrows, that seemed to have been formed by the friction of small particles of an earthy concretion, like small gravel or sand, which I found in the joint.

Whether or no she had the *Gout*, I know not, but it seems that particles capable of concretion are secreted by the *synovial* glands, or from the surface of the cartilages; or that the *Synovia* may occasionally degenerate and form them. But which is most probable, I cannot say.

A P P E N D I X,

CONSISTING of a second case of *Chorea St. Viti*, that happened when this work was nearly finished; and because it differed materially from the former, the Author thought an account of it might be acceptable, especially as the cure of the first, which was effected in about a month, was supposed to have been forwarded by the use of *opium*. *Vid.* p. 23.

The subject of this second case, had just completed her fourteenth year. For two or three preceding years she had been pale, languid, and unable to use much exercise, but was in other respects tolerably well. Not long before this disease came on, she appeared to be recovering her looks, and to be more healthy than she had been for some time.

The affection came on with some unsteadiness in her hands and feet, which she thought was a trick, and jestingly said she had got the *Fidgets*. The agitation, in the mean time, was increasing gradually, so that in a few days she could not sit upon any thing, but was obliged to be kept in bed altogether, and that could only be done by attendants, who were constantly present; notwithstanding which, she more than once sprang from the bed upon the floor.

The Convulsions were universal and incessant, day and night, without intermission and without any sleep. I regretted that on account of the agitation of her hands, her pulse could not be well judged of; but I suppose the motion of the heart must have been irregular, for the organs of speech were affected so much, that she became almost quite unintelligible, and this inability, to make herself understood, seemed at times to increase the agitation.

But to come to the treatment: *nervines,*
antispasmodics,

antispasmodics, and *sedatives*, were evidently indicated; but *evacuants*, had they been practicable, were not. For though the patient was *fourteen*, there appeared, yet, no signs of fullness of the vessels, or other tokens of a very near approach of an event that may soon be expected. Beside this, as in the first case, the attack had been preceded by, but not prevented by, bleedings at the nose; I thought I had little reason to expect benefit from venesection had it been practicable. I therefore thought it advisable, first to try the usual *nervine* medicines, *Castor*, *Camphor*, *Musk*, *Aether*, &c. for some days, but this was to no manner of purpose: On which account, and because of her not having had for many days and nights *any* sleep, I determined to try *Opium*; of the tincture of which I gave her, in the evening, fifteen drops. She slept most of that night, but without any abatement of the agitation, which was as violent as before all the next day. However, as I had some reason to think that it had been useful on the former occasion, and as it had seemingly procured

procured the patient so much sleep, I repeated the same dose again in the evening, but this had no effect at all. I was, nevertheless, determined now to give it a fair trial. I increased the dose, therefore, by little and little, by intervals, until I got up to twenty-five drops at least, and this was repeated once in six or eight hours, for one day only; for finding that, instead of abating the agitation and making her sleep, it heated her and rendered her *even more* irritable and restless than before; and being now fully convinced that *Opium* would not do, I gave her no more, but thought it advisable for her to take some saline draughts in the act of effervescence, and small diluting liquids. She, by degrees, grew rather more composed, and for two or three days seemed to be growing somewhat better, so as to give hopes of the affection declining; but still she got very little sleep. She took nothing but now and then a neutral effervescent draught, *Mist. Camphorat. Tinct. Castor*, &c. The agitation that seemed to abate a little, again increased; and the incessant friction against the sheets,
by

by ruffling the cuticle, made the prominent parts very tender, which added to her restlessness. About this time, she one morning asked for some boiled milk, which she took very plentifully, and with pleasure several times in the morning and forenoon ; it agreed very well with her, and she has continued to take more or less ever since ; indeed it has been her principal subsistence. The convulsions and the restlessness still, however, continued. I therefore once more tried *Tinct. Opii* in small doses, four or five drops, with as many of *Sp. C. C.* about once in six or eight hours, but without any effect ; it was therefore now *entirely* left off ; and except *Tinct. Castor*, which she took a little of in her asses milk twice a day, all medicines were laid aside. She kept to her milk diet, and gradually began to be more still, but for many days got only an hour or two sleep in the morning, but seldom any in the night ; however, she grew more and more composed, and to sleep better ; her speech at the same time improved ; and at the end of about six weeks, from the first seizure,

she

she was able to walk about, and take the air in a carriage. She is now perfectly well, though rather thin.

We have here instances of the different effects of Opium in two subjects labouring under similar nervous indispositions, differing only in degree ; in the first of which, (the younger) it was seemingly beneficial, but in the second it manifestly *increased* the irritability and watchfulness.

Upon the whole, the *Chorea* appears to me to be an affection that requires great attention in the Physician, and due regard to the age, constitution, complexion, and other circumstances of the patients; without which mischief may be done. For though it generally goes off in time, and the patient gets well, it is nevertheless exceedingly distressing, when the symptoms are so violent as they were in these cases, especially the second. The reader will permit me to say a few words on the method of cure, as recommended and practised by our excellent

lent *Sydenham* ; *Venefection* and *Cathartics*, which he orders to be done alternately, and to be repeated at proper intervals, three or four times in the course of a few weeks. I must confess that in the case just related, had such evacuations been practicable, I should not have ventured on one bleeding, much less on that and purging repeatedly, on any Authority *whatever*, for reasons which I have partly hinted at above. And I can hardly conceive upon what considerations our very experienced countryman founded that practice. He supposes, indeed, that this affection depends on some *humour* rushing upon the nerves, and that by irritating them, it produces those præternatural motions ; on which account he thought that the indications of cure were to be directed, first, to the subtraction of that *humour*, by *bleeding* and *purging*, and after that to the strengthening of the nervous system, &c. *V. Sydenham.* *

* *Schedula Monitoria de novæ Febris ingressu, &c.* ann. 1635, p. 661.

But there is reason to think that this affection is in some manner the *Prodromus* of an *Event* that must 'ere long be expected; yet as that *Event* takes place at different times, in different persons, owing to some difference in their constitution, manner of life, education, and other circumstances, so that we cannot say when it will be, until it has *once* happened; we cannot be too cautious, least, while we wish to relieve, we should, by mistimed evacuations, *retard*; or by stimulants, *Emmenagogues*, &c. *irritate*, so as to force Nature on some unnatural efforts; to the great detriment of the patient. So that in these cases the precept "*Festina lente*" ought always to be carefully remembered.

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E R R A T A.

Page 16, line 7, read *Linimentum*; p. 30, l. 8, r. *Pathognomonic*; p. 84, l. 15, r. *Afa fatida*; p. 90, l. 10, r. *gangrenosa*; p. 91, l. 13, r. *Sufficient ad gratam aciditatem*; p. 107, l. 19, r. *form*; p. 108, l. 2, r. *Pori biliarii*; p. 109, l. 2, p. 111, l. 8, 13, p. 116, l. 11, p. 117, l. 7, p. 199, l. 22, for Schirrous, r. *Scirrhus*; p. 140, l. 3, p. 155, l. 4, 6, p. 156, l. 15, 17, r. *Mucus*; p. 193, l. 16, r. *Gambogia*; p. 208, l. 14, r. *Petechialis*; p. 227, l. 6, r. *mitior*; p. 230, l. 19, r. *Confectio*; p. 252, l. 18, r. for 7341-5, 1734-5; p. 253, l. 1, r. *miliaris*; p. 256, l. 9, r. *turbid*; p. 265, l. 10, dele the quotation; p. 267, l. 9, the reference should have been to Cullen, *Nosologia Method.* p. 119, not Morgagni; p. 275, l. 22, r. *allegator*.





